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THE IMPACT OF COMBAT-RELATED PTSD

ON EMPLOYMENT

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THE IMPACT OF COMBAT-RELATED PTSD ON EMPLOYMENT

By

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Dedication

I dedicate this dissertation to all the veterans who have sacrificed everything to allow us the opportunity to live freely.

Acknowledgements

There have so many people who have helped me in this process, that to try to name all of them would comprise a list longer than the actual dissertation. So, while I may not list them all, their contributions have not been forgotten.

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THE IMPACT OF COMBAT-RELATED PTSD

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PTSD (Post Traumatic Stress Disorder) has impacted veterans of combat throughout history. With current advances in protective combat armor and in combat medical treatment, more and more of the soldiers who would have perished in the battlefield are being saved and returned home. While their physical wounds may heal, the traumatic events experienced on the battlefield continue to impact their personal, social, and vocational lives. This study explores the perceptions of veterans with respect to their vocational stability and the impact that PTSD has had on their vocational functioning.

Eleven veterans were selected to participate in this qualitative study. These veterans were all veterans of combat actions ranging from the Vietnam War to the current military actions in Iraq and Afghanistan. Once selected, these veterans participated in interviews which explored their vocational history, their perceptions of their employment instability, and their perceptions of the impact that PTSD had on their vocational functioning and employment instability.

Once the interviews were completed, they were transcribed and analyzed using open coding to identify common themes throughout the data. These themes included behavioral issues, perception of treatment, and their military experiences. Each theme was explored and interpreted to identify how PTSD impacted these participants in maintaining employment instability.

Interpretations of the data lead to the conclusion that combat-related PTSD does, as the literature identifies, cause vocational instability. However, the data shows that while the participants did experience vocational instability, it was not because they were typically fired or dismissed from employment, but rather, they quit jobs prior to being fired. The participants were able to identify their triggers and stressors to the point that they simply quit their jobs when these triggers and stressors arose.

Thus, much of their vocational instability may possibly have been prevented had they been able to effectively communicate their stressors and triggers to their employers and co-workers. Limitations of the study as well as implications for practice and future research are discussed.

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CHAPTER ONE

INTRODUCTION

For centuries, military personnel have been asked to do things on the battlefield that in any other setting would be horrific to any who have not experienced the traumas of war. On the battlefield, these actions are feats of bravery and heroism for which individuals are often rewarded. Upon returning to civilian life from the field of battle however, these veterans face conflicting emotions for the ordeals they have experienced (Friedman, 2004). Near death experiences, physical wounds, killing and wounding others, seeing friends killed or wounded are all common experiences on the battlefield that are not easily dismissed once the conflict is over. The trauma of these experiences can last for years after the conflict is over, impacting social, personal and vocational functioning (Goodwin, 1987).

As in most armed conflicts, there is great care in treating physical wounds and injuries of individuals involved in battles and to some extent, the immediate psychological trauma of battle (Goodwin, 1987). However, the long-term consequences of battle and combat trauma have traditionally not been treated with the same care as the physical trauma that many receive (Friedman, 2004). Post-traumatic stress disorder, or PTSD, is one of these consequences.

This chapter will review the definition of PTSD according to the DSM as well as provide a historical overview of PTSD. The vocational implications of PTSD, and current risks for military members who have served or are serving in theaters of combat will also be discussed. Additionally, this chapter will also explore the impact of PTSD on vocational rehabilitation systems.

PTSD Defined

Posttraumatic stress disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders as:

> The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person (American Psychiatric Association, 2003, p. 463).

The DSM-IV-TR diagnosis of PTSD includes meeting each of the six following diagnostic criteria:

1. A person has been exposed to a traumatic event in which the individual experienced, witnessed events in which actual or threatened death or serious injury to the individual or others was experienced and the individual's response involved intense fear or horror.
2. The traumatic event is frequently re-experienced. This can include recurrent and intrusive recollections, images or perceptions, distressing dreams of the event, anxiety about reoccurrence of the traumatic event, intense psychological distress to cues that resemble an aspect of the traumatic event, and physiological reactivity on exposure to internal or external cues.
3. Persistent avoidance of stimuli associated with the traumatic event. This can include efforts to avoid thoughts associated with the trauma, avoidance of activities, places or people that trigger recollections of the traumatic events,

inability to recall specific aspects of the traumatic events, diminished activities, detachment from others, restricted affect, or a sense of foreshortened future.

4. Persistent symptoms of increased arousal. This can include sleep difficulties, outbursts of anger, difficulty concentrating, hypervigilence, or exaggerated startled response.

5. Duration of the symptoms last for more than one month.

6. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. (American Psychiatric Association, 2003, pp. 467-468).

Using these diagnostic criteria as a behavioral model, it is easy to understand how veterans of combat can easily meet one or more of the diagnostic criteria for developing PTSD long after their combat experiences are over. Through combat experience, many participants have experienced or witnessed traumatic events. These events can easily lead to much of the criteria previously described (Friedman, 2004). This dissertation will explore the impact of combat related PTSD on vocational functioning.

Historical Overview of PTSD

Although the diagnostic criteria for PTSD are now established, it has only been recently defined as a formal disorder in the DSM, first appearing in the DSM III (American Psychiatric Association, 1980). However, while not having had formal diagnostic criteria, PTSD had been evident for centuries (Saigh & Bremner, 1998). The Director of the National Center for Posttraumatic Studies (NCPTSD), Matthew Friedman, stated, “the risk of exposure to trauma has been part of the human condition since we evolved as a species. Attacks by saber tooth tigers or twenty-first century terrorists have

probably produced similar psychological sequelae in the survivors of such violence." (NCPTSD, 2000, p.1)

Over the past 150 years, PTSD has been described in various terms in regard to veterans of wars. While these terms vary, the descriptions of PTSD from various wars remain constant. From the Civil War to the present, the symptoms of PTSD and their impact have been observed and recorded. In the following paragraphs, the descriptions of PTSD and the various terms used to describe this condition are explored.

During the Civil War, military doctors diagnosed soldiers returning from the field of battle with "exhaustion" (Goodwin, 1987). Often times, this "exhaustion" was characterized by mental shutdown due to the experiences of battle (Saigh & Bremner, 1998) However, like the soldier of today, showing fear was viewed as a sign of weakness, and typically, treatment for "exhaustion" during the Civil War was a return to the battle after a short rest in the rear (Goodwin, 1987). In 1876, Mendez DaCosta, MD published a paper diagnosing Civil War combat veterans with "Soldier's Heart" a condition whose symptoms typically included hypervigilance and an irregular heart beat (Goodwin, 1987).

During World War I, soldiers endured the seemingly senseless slaughter of battlefield charges, in which tens of thousands of soldiers died monthly in what was viewed by many of the soldiers as useless and hopeless. In the second battle of the Ypres in Belgium, during the spring of 1915, over 70,000 British soldiers died participating in charges in which entire units (hundreds of men) were killed in minutes (Keegan, 1998). After being ordered to charge time and time again, only to have friends and brothers killed, many soldiers simply "shut down" or went into a catatonic state in which there was no outward physical trauma, but the soldiers were non-functioning in their military

duties. This state was called “the effort syndrome” as well as the more popular term of the day, “shell shock” (Saigh & Bremner, 1998). According to British records, over 60,000 soldiers were diagnosed with shell shock, and 44,000 were retired from the military as they could no longer function in combat (Groom, 2002). Ten years after the war, there were still over 65,000 British soldiers in psychiatric hospitals as a result of the trauma experienced in the battlefield of WWI (Groom, 2002).

In World War II, the term “shell shock” was replaced by “combat fatigue” and later in the war as “war neurosis” (Glass, 1969). This term was used to describe soldiers who showed signs of stress and anxiety as a result of combat trauma. While the majority of soldiers in WWII were not treated for psychological issues related to combat trauma. At one point in the war, the number of men being discharged from the service for psychiatric reasons exceeded the total number of men being newly drafted (Tiffany & Allerton, 1967).

During the Korean War, the US military began to provide treatment for combat-related stress on or near the battlefield. As a result, immediate treatment was provided and many soldiers were able to deal with the psychological stress of being in combat and were able to return to their combat units much more rapidly. During WWII, 23% of battlefield evacuations were for psychiatric reasons, however, in Korea, only 6% of evacuations were for psychiatric reasons (Bourne, 1970).

Throughout these wars, as the intensity of the combat increased, the numbers of psychiatric casualties increased (Bourne, 1970). However, in follow up studies of WWII veterans, many veterans complained of intense anxiety, battle dreams, depression,

explosive aggressive behavior and problems with interpersonal relationships (Archibald & Tuddenham, 1965).

During the Vietnam War as in the Korean War, psychological services were provided as immediately as possible after the trauma occurred. Although the lack of a defined front made battlefield services difficult to provide, battlefield psychological breakdown was less than 1%, substantially less than during WWII (Bourne, 1970). As the Vietnam War progressed, however, many soldiers and veterans, both those who had experienced acute combat trauma and those who had not, began to complain of symptoms of combat trauma long after their combat had ended (Goodwin, 1987). While the number of psychiatric casualties remained steady throughout the Vietnam War, as the war wound down and ended, the numbers of veterans presenting with neuropsychiatric disorders began to increase significantly (President's Commission on Mental Health, 1978).

The psychological problems of returning veterans from the Vietnam War continued to escalate to the point that a congressional mandate in 1983 was issued to examine the impact of PTSD and other psychological problems among veterans of the Vietnam War. This study, the National Vietnam Veterans' Readjustment Study (NVVRS), became a milestone for understanding the long lasting impacts of combat on participants. In this study, a representative national sample of 1,632 Vietnam Veterans was examined to explore both the rates of PTSD as well as the impact of the PTSD on the social, occupational, educational and personal lives of these veterans. The results of the study indicated that approximately 26% of Vietnam veterans experienced symptoms of PTSD (Price, 2000). Further research using the data collected from the NVVRS showed that a large majority of Vietnam veterans continued to struggle with PTSD, personally,

socially and vocationally, 25 years after combat. (Schnurr, Lunney, Sengupta, & Waelde, 2003).

Veterans of more recent conflicts such as Operation Desert Storm and actions in Somalia, are also experiencing symptoms of PTSD. Rates of PTSD in Operation Desert Storm have been established at 10.1 percent for veterans who experienced combat duty, and 4.2 percent for those who did not see combat directly (Friedman, 2004). Military operations in Somalia also had significant rates of PTSD among troops, although this was a peacekeeping mission and direct combat was relatively isolated. Rates among veterans of Somalia are at approximately 8 percent (Friedman, 2004).

As many of the participants in Operation Iraqi Freedom and Operation Enduring Freedom are still in the military and may not be seeking assistance for symptoms of PTSD, it is still too early to estimate the numbers of individuals currently participating in global conflicts who may be either be experiencing or will experience PTSD in the future. However, Hoge (2004) indicated that rates of depression, anxiety disorders and PTSD ranged form 15 to 17 percent from military members surveyed 3 months after returning from Iraq.

Vocational Impact of PTSD

One of the diagnostic criteria for PTSD is that the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (DSM-IV-TR, 2003). This distress in occupational functioning leads to significant impact on the vocational functioning of individuals with PTSD. According to Strauser (2000), PTSD negatively affects congruence between the individual and their environment by creating a pattern of inconsistent behavior, reduced tolerance to stress

and a decreased level of energy. These limitations impact the individual's ability to engage in four areas that are key to vocational functioning. These are: (a) understanding and memory, (b) concentration and persistence, (c) social interaction and (d) adaptation (Fischler & Booth, 1999).

The impact of PTSD on an individual's understanding and memory impacts the individual's ability to follow direction on the job and to apply instructions generally (Strauser, 2001). This impairment requires closer supervision than would other wise be needed to insure that the individual is engaging in the appropriate job tasks at the appropriate times. As a result, this impairment can impact the individual's effectiveness in the workplace (Strauser, 2000).

Concentration and persistence can also be significantly impacted by PTSD. Many times, the level of this impairment varies, depending on the severity of the symptoms of the PTSD. However, Strauser (2001) indicates that activities that require attention and concentration for extended periods of time may be impacted.

Perhaps the greatest impairment is that of social interaction. Individuals with PTSD may experience distrust, hypervigilience and hypersensitivity to criticism. Fear of confrontation from supervisors may also be an issue, and as a result, many individuals with PTSD may avoid confrontation to the point that they simply quit their jobs (Fischler & Booth, 1999). The impairment in social interaction is accentuated among veterans who have combat-related PTSD. Often times, in their military experience, they may have held positions of leadership where the individuals who they have been overseeing may have perished in combat. The decisions they made were often life and death decisions. Once they have transitioned to the civilian work force, the dichotomy of being held accountable

for seemingly unimportant issues is often a trigger for confrontation between the individual and the supervisor. Additionally, the stress of work tasks and working under pressure to accomplish production goals can also trigger PTSD symptomology, and thus impair the individual's social interaction skills (NCPTSD, 2000).

PTSD also impacts an individual's ability to adapt to new tasks, and while this impairment is dependent on the level of PTSD symptoms occurring at any given time, the individual with an impaired ability to adapt may have difficulty on the job with constantly changing job tasks and changing production demands. This difficulty in adaptation can lead to interpersonal problems and issues and thus impact the ability to maintain employment.

In addition to the direct impact of PTSD on vocational functioning, many other psychiatric issues, which also have significant impact on the individuals vocational functioning, present in high frequency with PTSD. Depression and substance abuse both have high co-occurring rates with PTSD and impact the individual's vocational functioning, often times more so than the PTSD (NCPTSD, 2000).

Current Risks

Currently, there are approximately 130,000 military personnel stationed in the Middle East, with over 100,000 stationed in Iraq and Afghanistan (www.military.com). Due to the nature of the conflict in which these personnel are serving, many, if not most, would meet the diagnostic criteria for developing PTSD (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). Additionally, current casualty rates in the war against terror have reached over 3631 military deaths and over 26,558 wounded (http://icasualties.org/oif/). Many, if not all of these wounded personnel are also at an

even higher risk for developing PTSD due to the trauma incurred by their military actions (Friedman, 2004).

One factor that also increases the risks of individuals currently being exposed to combat is the high survival rate among battlefield casualties. During past wars, individuals wounded in battle were often severely wounded and died as a result of their injuries. Medical technology has improved so rapidly that many individuals who once would have died on the battlefield are now surviving. During World War II, approximately 30% of soldiers wounded in combat died from their wounds. In the Korean War and the Vietnam War, 24% of soldiers wounded in combat died from their wounds. In the current action in Afghanistan and Iraq, that number has dropped to approximately 14% (http://www.wounds1.com).

The Impact on Vocational Rehabilitation Systems

As discussed previously, upon return to civilian life, PTSD incurred through combat can impact the veteran's ability to readjust to society. This may include successful vocational functioning, defined as the ability to obtain and maintain employment consistent with the veteran's aptitudes, abilities and interests (Strauser, 2001). National survey data, for example, indicates that nearly 830,000 veterans of the Vietnam War may meet the minimal diagnostic criteria for PTSD (Price, 2000), and as many as 80,000 veterans experience debilitating problems such as nightmares, flashbacks and profound social withdrawal nearly 30 years after the end of combat operations in Vietnam (Rosenheck, 2000). Many of these Vietnam War veterans who continue to experience PTSD continue to experience higher unemployment rates than their peers as a result of PTSD (Magruder, et al., 2004).

With ongoing armed conflicts in Iraq and Afghanistan, the long term consequences of combat trauma and the potential impact of this trauma on vocational functioning in the future needs to be examined, as hundreds of thousands of military personnel are currently or have recently been in designated combat zones, and are at risk for developing PTSD (Friedman, 2004).

Currently, it is too early to assess exactly how many US military personnel who are engaged in conflict will be impacted by symptoms of PTSD. However, given the results of the study among troops returning from combat in both Afghanistan and Iraq (Hoge et al., 2004), as well as the experience in PTSD rates among Operation Desert Storm veterans and the data from the National Vietnam Veteran's Readjustment Study, there is cause to be concerned about the future of PTSD rates among veterans as the years progress.

One area of particular concern is that of the benefits that the Department of Veteran's Affairs (VA) administers. The VA administers a disability compensation program that makes compensation payments to veterans who incur injuries or disabilities while in the military.

Given the rates of casualties in the current military operations, along with typical rates of injury and disability in the military, there will, undoubtedly, be a significant financial impact on the Department of Veteran's Affairs regarding the annual payments to veterans who have become injured or disabled as a result of their military actions. As of September, 2002, the Department of Veterans Affairs paid approximately $1,465,771,000 per month in disability compensation payments to veterans with disabilities incurred while in the military (Department of Veterans Affairs, 2002). With

increasing survival rates of wounded military personnel and potential disability claims for issues related to either the physical or psychological trauma incurred during military actions in Iraq and Afghanistan, this already enormous financial burden will grow even greater as they years progress and many of the active duty military personnel begin to leave the military or retire.

Aside from the compensation program administered through the VA, many of the individuals who will receive a service-connected disability benefit may also be entitled to vocational rehabilitation benefits. The vocational rehabilitation program administered by the Department of Veterans Affairs provides vocational rehabilitation benefits to veterans who have service-connected disabilities ("service connected" indicates that a disability is incurred while the individual is serving on active duty). In order to qualify for these services, a veteran must have a service-connected disability, and that disability must be determined to be a vocational impairment. If past PTSD rates are a predictor of future numbers, the number of veterans who would be eligible for vocational rehabilitation benefits based on PTSD and the impact that the PTSD has had on their employment could be substantial. Potential new participants in the VA vocational rehabilitation program could exceed over 10,000 for PTSD claims alone, given the 10% demonstrated after Operation Desert Storm. Given the current situations in Afghanistan and Iraq, many of the criteria for PTSD have certainly already been met. If PTSD rates from the Vietnam war apply, in which 15% of veterans currently experience the prevalence of PTSD (15% of male veterans and 8% of female veterans), to the current military operations then the numbers of veterans experiencing could be significantly higher with over 20,000

members of the US military who are at risk for experiencing PTSD and it's accompanying impact on social and vocational functioning.

Many of these individuals may not access the VA's vocational rehabilitation system, however, due to increased information that many veterans have available to them through the Internet and informed advocates, accessibility for veterans benefits is much easier than it was after the Vietnam War or even Operation Desert Storm. As this is the case, it can be anticipated that many veterans will access vocational rehabilitation services to assist them in obtaining training and employment services necessary to secure suitable employment. As the number of seriously wounded and subsequently disabled military personnel return to the states and are discharged from the military, the numbers of applicants to the vocational rehabilitation system will increase significantly.

In 2000, there were 55,974 applications to the VA's vocational rehabilitation program (Department of Veterans Affairs, 2002). This was prior to the current military operations, and while statistics are not readily available for dates beyond 2000 at this time, it can be assumed that the numbers of applications to the system will increase as many of these individuals return and are discharged from the military. Administrators of veterans' benefits programs must be aware of the potential increase in application for use of veterans' benefits by newly discharged veterans, many with disabilities needing both medical and psychiatric assistance. Counselors, as well, must be aware of the potential for significant increases in the number of individuals who will be presenting for vocational rehabilitation services with not only physical trauma but with higher rates of PTSD. An understanding of the impact of PTSD on vocational functioning will be key as

these vocational rehabilitation counselors continue to work with veterans to assist them in securing suitable gainful employment.

Purpose of the Study

The purpose of this study is to explore the phenomenon of combat-related PTSD and the impact that this has on employment. Through the exploration of individual experiences, it is anticipated that a greater understanding of the impact of combat-related PTSD on employment can be gained. This understanding will then be used to work with veterans of combat to assist them in maintaining vocational stability and minimizing the impact of this phenomenon on the vocational functioning of these individuals. This study will attempt to answer the following questions:

1. How has the veteran's PTSD impacted their employment stability?
2. How does the veteran perceive PTSD as impacting their employment?
3. How does 3. PTSD impact interpersonal relations in a vocational setting?
4. Does the veteran perceive the PTSD treatment they receive through the Department of Veterans Affairs Mental Health programs assist them in maintaining employment?

The following chapter will explore the relevant literature that exists currently regarding combat-related PTSD and employment. Through this exploration, data regarding the phenomenon of combat-related PTSD and employment will be explored. Additionally, the need for further research will also be identified.

CHAPTER TWO

REVIEW OF THE LITERATURE

To gain a better understanding of the research that has been conducted on this topic, a review of the literature to explore the impact of PTSD on employment and vocational functioning after combat has been performed. This review of the literature focuses on two areas. The first section deals broadly with the differences among combat-related PTSD and PTSD incurred through other traumatic experiences. The second section explores the research on combat-related PTSD and the impact on vocational functioning. Through a review of this phenomenon, and identifying the research that has been conducted to date, a better understanding can be gained regarding future research needs.

Combat-related PTSD vs. Non-Combat-related PTSD

As described previously through the DSM IV model of PTSD, PTSD is a complex disorder with varied causes (American Psychiatric Association, 2003). However, the studies from Magruder (2004) and Prigerson et al. (2001) found that individuals with combat-related PTSD have more severe PTSD symptoms and have a higher level of dysfunction, both social and occupationally than individuals who experience PTSD related to traumatic events other than combat. Prigerson and colleagues found that higher levels of unemployment, divorce, and physical abuse toward one's partner were associated with individuals who have been exposed to combat as opposed to life threatening accidents, natural disasters, witnessing traumatic events, sexual abuse, physical attacks, or childhood abuse. In addition to higher rates of unemployment, divorce, physical abuse, there are also higher lifetime psychiatric disorders for veterans of

combat as opposed to the individuals who have been exposed to the other traumatic events listed above.

Silverstein (1996) also concluded that combat veterans experienced lower levels of ego development than individuals who did not experience combat. Thus, this lower level of ego development translated into impaired relationships and difficulties in the workplace.

In a study conducted by Hoge, Castro, Messer, McGurk, Cotting, & Koffman, (2004), members of military units exposed to combat were studied, using an anonymous survey. These individuals were studied before deployment to combat zones as well as three to four months after their return from combat. These results showed that rates for generalized anxiety, PTSD, and major depression were all significantly higher for those exposed to combat than those who exposed to traumatic events, but not to combat.

PTSD and Vocational Impairment

As has been stated, veterans of combat were determined to be at a higher risk for developing PTSD than the general population (Price, 2000). These higher rates of susceptibility to PTSD and the impact of PTSD on their social functioning severely impacted their social interaction and readjustment upon return from war and reintegration in to society (Friedman, 2004). The most recent study from Hoge et al. (2004), conducted with personnel returning from Afghanistan and Iraq demonstrated that rates of PTSD for soldiers was significantly higher after combat duty in Iraq than before deployment. This study however, only involved members of the military who are still enlisted and serving in the armed forces. Friedman (2004) indicated that due to the stigma associated with seeking mental health services for members of the military, the rates of PTSD among

active duty military personnel and recently discharged veterans of combat could be even higher than the Hoge et al. study had indicated.

In a study for the National Center for Posttraumatic Stress Disorder, Price (2000), analyzed the findings of the national Vietnam Veteran's Readjustment Study, in which thousands of veterans of the Vietnam War were interviewed to identify readjustment issues that had not previously been addressed in previous wars. It was determined through the results of the survey and subsequent data analysis that the prevalence of PTSD was 30% among male veterans and 25% among female veterans of the Vietnam War. In the Price study, the relationship to the impact of PTSD on the veterans' social functioning was discussed and the higher rates of incarceration, substance abuse, and unemployment by combat veterans of the Vietnam War was drawn.

The literature in this review identified the relationship to PTSD and impaired vocational functioning. This relationship can be through frequent changing of jobs, chronic unemployment and under employment. Both Magruder et al. (2004), and Smith et al. (2005) reported a strong relationship between high scores on the PCL (PTSD Checklist) and levels of unemployment. Thus individuals with more severe symptoms of PTSD were more likely to be unemployed. Frueh et al. (1997) reported similar findings of higher PTSD symptomology being related to higher levels of unemployment. Monnier, et al. (2004) also illustrated a relationship between higher scores on the PCL and higher levels of unemployment among female veterans. In a study of combat exposure and antisocial behavior, Barrett et al. (1996) found a relationship between higher levels of combat-related PTSD and employment problems. In this study, the data showed that 51% of the participants of this study who were diagnosed with PTSD experienced vocational

difficulties, to include unemployment, frequently changing employment, and underemployment.

In a study of twins who served in the military where one twin was exposed to combat in the Vietnam War and the other was not, the twin who had been exposed to combat and had been diagnosed with PTSD had similar socioeconomic factors in all areas with the exception of employment. According to McCarren, the likelihood of being unemployed remained significantly associated with combat-related PTSD (McCarren et al., 1995).

Results from the Prigerson et al. (2001) study, indicated that men with combat-related PTSD "were 3.6 ($p < .001$) times more likely to have been unemployed in the past year (p. 104)" than individuals with PTSD stemming from other incidents.

Co-occurring Disorders and the Impact on Vocational Impairment

In addition to social and vocational impairment as a result of PTSD, there are also issues of co-occurring disorders evident in the literature. These co-occurring issues, by themselves impact an individuals vocational functioning, however, combined with the impact of PTSD, the vocational implications are increased (Strauser, 2001).

The evidence of co-occurring disorders such as anxiety disorders, depressive disorders are identified in the literature as associated with PTSD, which similarly lead to heightened impairment of social and vocational functioning (Creamer et al. 1999; Dekel, et al., 2003; Hoge et al., 2004; Price, 2000; Prigerson et al., 2001). Data collected from the National Center for Posttraumatic Stress Disorder indicated that the most prevalent co-occurring disorders among veterans who experience PTSD are alcohol abuse, alcohol dependence, generalized anxiety disorder and antisocial personality disorder (Price,

2001), all of which significantly impacted the occupational functioning of an individual (Price, 2001, Strauser, 2001).

In addition to the disorders listed above, the literature also identified the existence of higher rates of substance abuse experienced with PTSD (Creamer et al., 1999; Dekel et al., 2003; Price, 2001; Prigerson et al., 2001; Rosenheck, 2000). In the study by Hoge et al. (2004), individuals were assessed before they were deployed to Iraq and then shortly after return from deployment. Prior to deployment, 17.2% of respondents reported they felt they "used more alcohol" than they intended to. Upon return, 24.2% reported that they "used more alcohol" than they intended to. These results are similar in the literature with self report of alcohol abuse higher for individuals with combat induced PTSD than for other individuals with PTSD from other causes, or from individuals without PTSD.

Impaired Anger Management and the Impact on Vocational Impairment

In addition to increased rates of substance abuse and other co-occurring disorders, issues related to anger management are also explored in the themes of the literature (Creamer et al., 1999; Frueh et al., 1997; Hoge et al., 2004; Magruder et al., 2004). Prigerson et al. (2001) demonstrated that individuals with combat-related PTSD were more likely to be physically abusive to their spouses than others individuals with non-combat-related PTSD. Price (2001), based on the results of the National Vietnam Veterans Readjustment Study, reported markedly elevated levels of severe family adjustment, marital problems, and violent behavior were evident among veterans of the Vietnam War. These behaviors, particularly violent behavior, directly impacted the vocational stability that many veterans with PTSD lacked, which lead to impaired interpersonal relationships, legal issues and social isolation (Price, 2001).

The study conducted by Frueh et al. (1997) demonstrated the relationship between anger and combat-related PTSD with increased anger management problems for individuals with combat-related PTSD who may be unemployed. Smith et al. (1996), also demonstrated the correlation between anger and combat-related PTSD. Respondents in this study showed 73.6% of US Army Vietnam Veterans with combat-related PTSD reporting evidence of antisocial behaviors including violence. This is in comparison to 45.9% of US Army Vietnam Veterans not reporting symptoms of PTSD.

The violent behavior that many veterans with PTSD experienced is directly related to the nature of the traumatic events that precipitated the PTSD, that of combat, and the brutality of war (Goodwin 1987). Combatants are exposed to violent acts, often times on an ongoing basis. As such, their initial response to many problems is to lash out physically.

Treatment

Another common theme in the literature was the difficulty in having combat veterans understand the impact of PTSD on their lives. Often times, veterans of combat have been self reliant, out of necessity, and were typically not willing to ask for help when needed. As a result, many veterans of combat may be have experienced PTSD but not pursued treatment (Friedman, 2004). As Friedman suggested, this lack of treatment can lead to significant impairment in interpersonal, social and vocational functioning due to the impaired relationships that can occur.

There is also a stigma associated with seeking mental health treatment in society. This is particularly true for members of the military. Often times, jobs in the military depend on one’s ability to maintain a security clearance. Treatment for psychiatric

disorders such as PTSD will often prevent one from being able to obtain a security clearance and, for many, effectively shuts the door on career growth or transferring to other jobs within the military. As these individuals in the military leave for the civilian workforce, these attitudes toward mental health treatment are still held (Hoge et al., 2004). Thus when symptoms of PTSD may arise, seeking treatment is viewed as a sign of weakness, and services are rarely pursued until these symptoms become a crisis.

For veterans with PTSD, the Department of Veterans Affairs has a specific program designed to assist in learning to cope with the traumatic stress of combat (Frueh, et al., 1997; Magruder, et al., 2004; Monnier, et al., 2004; Smith, et al., 2005). This program provides intensive treatment focusing on individual adjustment therapy, group therapy and compensated work therapy, a vocational rehabilitation program similar to supported employment in the state/federal vocational rehabilitation. In these services, work experience, or work therapy, is used as an integral component in the treatment of PTSD. The work-therapy occurs in a sheltered work environment provided by the Department of Veterans Affairs (Rosenheck, 2000). In these sheltered environments, veterans were employed in non-competitive positions where they were able to participate in employment activities as a part of their treatment for PTSD, coupled with intensive counseling, medical management and psychosocial rehabilitation services (Seibyl, Rosenheck, Corwel & Medak, 1997). In this environment, the veterans were able to work in a low pressure production environment and gain the occupational skills, and more importantly, the coping skills required to maintain employment in a competitive setting upon completion of their inpatient treatment.

Smith et al. (2005) indicated that this work therapy program, coupled with appropriate treatment of the disorder was an effective way to integrate veteran back into a work setting, while using the vocational experience as a therapeutic tool to enhance stabilization in other areas of the veterans' lives, such as social and familial. Rosenheck (2001), also indicated in a conceptual framework of PTSD treatment, that work therapy, in a sheltered environment, be used as a tool in treating PTSD, and as a vital component to re-integration to society. Through the use of work in this sheltered environment as a therapeutic tool, veterans can learn how to deal with stressful situations and gain the coping skills necessary to deal with stressful situations appropriately and gain the skills to transfer those skills to stressful situations in family, social and non-supported work environments.

There was, however, a lack of specific research in the literature related to long term vocational outcomes of veterans with PTSD and their vocational functioning after participation in a supported or sheltered work therapy program. Rosenheck (2001) indicated that the work therapy program sponsored by the Department of Veterans Affairs did not assist the veteran in reducing PTSD symptoms nor overall vocational functioning of the participant. However, the study, as Rosenheck states, did not provide long term results, as the survey of the participants of this study was conducted 4 months after discharge from the inpatient and sheltered work therapy program. More longitudinal information is not provided, and studies providing this information do not exist.

Through the findings identified in the literature, treatment of PTSD appeared to be most successful when the PTSD was approached as a universal condition for the veteran. Social interaction, vocational functioning, and interpersonal functioning were all

behaviors to be addressed and dealt with in an attempt to stabilize and minimize the impact of PTSD in veterans' lives. While the literature recommended a supportive work environment as a tool in PTSD treatment (Strauser, 2000), there was a lack of information in the literature regarding the long term success of these types of programs.

Lifelong Disability

A common theme throughout the literature was that of PTSD being a lifelong disability. The study by Hamilton & Workman (1998) demonstrated the existence of PTSD in a World War I veteran. Symptoms persisted in the veteran throughout the course of his life, and increased in frequency toward the end of his life.

Other studies like those using Vietnam War veterans (Barrett et al., 1996; McCarren et al., 1995; Pendorf, 1990; Price, 2000; Prigerson et al., 2001; Rosenheck, 2000; Silverstein, 1996; Smith, 2005) showed that veterans from the Vietnam War, which ended approximately 30 years ago, continue to experience symptoms of PTSD related to their combat experiences.

Given the number of Vietnam War veterans who continued to access mental health services for treatment of their PTSD, the studies by Friedman (2004) and Hoge et al. (2004) indicated that veterans from Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (Iraq) will likely experience symptoms of PTSD for years to come. As the results of this literature review indicate, the implications of these PTSD symptoms will undoubtedly include impaired vocational functioning and vocational instability in the future.

Implications for Further Research

Although the studies in this literature review provide evidence of distinct challenges and limitations for individuals with combat-related PTSD in obtaining and maintaining employment, there is a lack of variety of studies. Given the survey format of nearly all of the studies identified through this literature review, the development of more qualitative studies to further explore the impact of combat-related PTSD at the individual level rather than in broad surveys with hundreds or even thousands of participants.

Additionally, exploring the effectiveness of vocational rehabilitation programs provided both through state/federal and Department of Veterans Affairs services could provide insight as to the long term success of these programs in assisting individuals with combat-related PTSD in obtaining and maintaining suitable and stable employment. In the study by Rosenheck (2000), follow up was done with veterans who participated in the compensated work therapy program through the VA, however, this is only one of many vocational rehabilitation programs offered through both the VA and the state/federal rehabilitation systems. In the data presented by Rosenheck, it was evidenced that the compensated work therapy program, as it was implemented, did "not offer a short-term therapeutic advantage in the treatment of severe and persistent PTSD." As such, longitudinal studies to identify the impact of vocational rehabilitation services on individuals with combat-related PTSD would be a valuable tool in assessing the effectiveness of these systems.

The National Vietnam Veterans' Readjustment Study was conducted in 1983, nearly 10 years after the withdrawal of the US Armed Forces from Vietnam. There were no studies prior to this regarding the impact of PTSD both immediately after return from

combat or at periodic intervals to assess the progress and course of combat-related PTSD on large groups of returning combat participants. However, with increased knowledge, largely gathered from the National Vietnam Veterans' Readjustment Study, about PTSD and the impact on veterans years after the conflict is over, the need exists to study both active combat participants as well as those returning from the conflict in Afghanistan and Iraq for the impact of PTSD on their vocational functioning. Done through longitudinal studies in which career progression and employment progression can be measured and examined to identify patterns or levels of intervention by vocational rehabilitation systems to assist these veterans in maintaining employment.

Additionally, through identifying the skills and knowledge of vocational rehabilitation counselors who work with individuals with combat-related PTSD on a daily basis, researchers would be able to assess areas for improvement in training these professionals to better meet the needs of this population.

By exploring the impact of combat-related PTSD on individuals through qualitative research, to explore the employment experiences of individuals throughout their career progression, further insight can be gained, leading to future research to assist returning veterans of combat in successfully dealing with the limitations of their combat-related PTSD. As tens of thousands of military personnel continue to be deployed in Afghanistan and Iraq, the need to understand the impact of combat-related PTSD on their physical, mental, social and vocational functioning is essential if these veterans are to be provided the services they may need to deal with the impact that the trauma of combat has given long after the conflict is over.

Given the impact of combat-related PTSD on vocational functioning, as explored through the literature, and the need for further research on the individual experiences and impact of combat-related PTSD on employment, the following chapter will discuss the qualitative study designed to explore this phenomenon. The rationale for a qualitative study and the conceptual framework for this study will be discussed.

CHAPTER THREE

METHOD

As identified through the review of the literature, there is a need to explore, through qualitative methods, the employment experiences of individuals who have combat related PTSD and how that PTSD has impacted their experiences. This exploration of the employment experiences of individuals with combat related PTSD consists of interviewing and analysis of the interview. Interviewing, according to Seidman (1998) "is an interest in understanding the experience of other people and the meaning they make of that experience." Per Bertaux (1981), "If given a chance to talk freely, people appear to know a lot about what is going on." Through the interview process, it is hoped that individuals will be able to share experiences and insight into those experiences to help in developing new theory in this area.

Additionally, interviewing provides access to the context of people's behavior and provides a way for researchers to understand the meaning of that behavior (Seidman, 1998). Thus, interviewing allows the researcher to identify the behavior and to understand the meaning of that behavior.

Through the use of these qualitative methods novel understandings can be gained about the individual experience (Stern, 1980). Rather than using quantitative methods, which would provide a broader general view of the employment experiences of this population, this qualitative research provides a more in depth view of the individual experiences of this population with respect to their employment experiences through the use of phenomenology theory.

Phenomenology Theory

Phenomenology is a human science that seeks to understand the lived experiences of several individuals regarding a concept or the phenomenon (Moustakas, 1994). Through exploring the phenomenon of PTSD and it's impact, attempting to understand the employment experiences of individuals with combat-related PTSD it is hoped to gain a better understanding of this phenomenon and assist others in interpreting their experiences. With a deeper understanding of their experiences, vocational rehabilitation professionals will not only be able to provide more effective services to individuals with combat-related PTSD, but professionals will also be better equipped to influence policy related to the services that are delivered to these individuals.

Phenomenology is an appropriate method to gain first hand experience and knowledge about a phenomenon. As Van Manen (1990) explains, phenomenology asks, what are these experiences like? It differs from most lines of inquiry in that it attempts to gain insightful descriptions of the way individuals experience the world. As Creswell (1998) explains, "the focus of phenomenology is on understanding a concept or phenomenon" (p.37). This study will assist in better understanding the phenomenon of employment experiences that are impacted by combat-related PTSD.

Historically, German mathematician Edmund Husserl is considered the grandfather of phenomenology. Husserl developed the concept of phenomenology from 1913 until his retirement in 1938 (Creswell, 1998). He viewed phenomenology as the study of human phenomena and how people bring meanings to their experiences within the world. In addition, he believed that people brought an understanding of their own reality through consciousness and intentional thinking (Moustakas, 1994; Creswell,

1998). Husserl believed that by studying the actual experiences of individuals, credible meaning can be attached to the experiences, which provides valuable data for researchers (Van Manen, 1990).

Martin Heidegger, a student of Husserl's, continued the advancement phenomenological theory. Heidegger asserted that phenomenological inquiry could be used with ordinary, everyday experiences. He believed that a person is shaped by the world and that past experience had influences on all current experiences (Moustakas, 1994). He too believed that the meaning that is attached to experiences could provide valuable information regarding the essence of a phenomenon.

Alfred Schultz was among the first to introduce the concept of phenomenology to the social sciences. Schultz believed that meaning could be derived from the experiences of everyday life. He also believed that images, theories, ideas, values and attitudes all had an impact on how people derived meaning from their everyday experiences (Creswell, 1998; Holstein & Gubrium, 1998).

Through the use of phenomenological theory, the exploration of employment experiences and drawing understanding about the phenomenon of combat-related PTSD will be valuable to understand the daily impact on personal, social, and occupational impairment that this phenomenon can pose.

Data Collection with Phenomenology

In-depth interviewing has been used as the primary data collection method. As Van Manen (1990) explained, one-on-one interviews in a natural setting are the most effective way to learn the experiences through the thoughts and words of the person who experienced the phenomenon. To ensure that the most effective method of learning the

experiences of combat veterans has been utilized, eleven individuals with combat-related PTSD have been interviewed. According to Creswell (1998), the purpose of the data collection process is to bring the location, participants, and other relevant material together as one cohesive grouping so that sorting and grouping the information can occur and the data analysis process can begin. Creswell further explains that data collection has many different components that need to be accomplished in order for a research project to progress. These components are addressed in the following sections.

Participants

In order to gain a better understanding of the impact of combat related PTSD on the employment of individuals, it was necessary to identify participants who had been diagnosed with PTSD that had been caused through combat related experiences. While seemingly a simple task, this posed some difficulty, primarily that of identifying individuals who had both combat experience as well as an employment history.

Many of the individuals who have been diagnosed with PTSD who are returning from both Operation Iraqi Freedom and Operation Enduring Freedom, may still be on active duty in the military or in treatment for the disability and awaiting discharge from the US Armed Forces. As a result many of these individuals may not have had employment outside of the military that can be viewed and explored to identify any impact on their employment. Thus, in attempting to identify participants for this study, the following criteria were established:

1: Individuals must have been diagnosed with PTSD, and that PTSD must have been as a result of their combat experiences. This was easily established. Typically, individuals with PTSD receive this diagnosis from the Department of Veterans and they typically

receive a “service connected” disability pension. Veterans were included in this study if they were receiving a “service connected” disability pension of PTSD and this PTSD is a result of their combat experiences. Veterans were asked to provide a copy of their Department of Veterans Affairs compensation letter, indicating they were being compensated for PTSD.

2: The veterans had to have been off of active duty military status for over 3 years. This would give sufficient time for them to have had civilian employment opportunities and provided a greater array of experiences necessary to explore and analyze.

3: As the primary researcher is an employee of the Department of Veterans Affairs, the participants of the study cannot have worked with the primary researcher or have worked with him the past to insure there was no dual relationship between the participants and the primary researcher.

Other factors such as gender and age were not significant factors in this study as variety in both gender and age were viewed as a positive factor in this study as it would lend to a greater variety of experiences that would be helpful in understanding the experiences of a more varied population.

Selection

Selection of the participants of this study was done through recruitment methods targeting veterans’ organizations. These included service organizations such as Disabled American Veterans, Veterans of Foreign Wars, American Legion, and the Vietnam Veterans Association. These organizations work with veterans to assist them in obtaining their deserved benefits through the Department of Veterans Affairs as well as provide social outlets for veterans and an opportunity for veterans to interact with other veterans

if they so choose. Through targeting these organizations for recruitment of participants, there existed an opportunity to recruit veterans who may likely be receiving veterans benefits. Additionally, veterans who have made the effort to participate in these organizations were more likely be interested in participating in studies such as this, to assist in developing a knowledge base for assisting veterans in the future.

Recruitment consisted of placing flyers (Appendix A), explaining the nature of the study, and the participation guidelines, in local service organization offices and social centers. These flyers contained contact information including the phone number, and email address of the principal researcher. Additionally, information regarding this study was placed in local service organization news letters. These newsletters are typically sent monthly to their members. These newsletters notify the membership of ongoing events, local and national legislative issues that impact veterans and inform them of various veterans in need of assistance.

The geographic area for recruitment for this study was the state of Utah, primarily, Salt Lake City. This area was identified as the primary researcher has contacts to the local veterans communities locally that facilitated entrance into these service organizations and trust within these communities.

As random selection of participants is not an option in this type of study, purposeful sampling was used to select the participants that provided “maximum variation” (Tagg, 1985). Through selecting participants who provided maximum variation, those selected allowed the widest possibility for readers of the study to connect with what they are reading.

Logistics

The first interviews were conducted in person in a neutral site such as the local library, where private rooms can be reserved, or at the participants' home, work place, or other agreed upon location. If the participants were located outside of this Salt Lake City area, interviews were scheduled with the veteran when they are in the Salt Lake City area for VA appointments.

Data Collection

As discussed previously, data collection consisted of phenomenologically based interviewing. This interviewing technique, according to Siedman (1998), consisted of interviewing in three phases. These phases are explained below:

The goal of the first phase was to allow the participant to reconstruct their experiences through a line of questioning that allowed them to express their experiences simply as a historical event. This allowed the researcher to have data to explore the individuals' history and experiences, which guided the questioning of the second interview. The first phase focused on their employment experiences before their service in the military, as well as their military occupational experiences and their employment experiences since their discharge.

The second phase of the interview concentrated on the details of the participants' experiences related to the topic of the study. Through the use of interviewing techniques that explored the experiences of the individual through open-ended questions, allowing the individual to discuss specific experiences and feelings related to their employment experiences and the impact that their PTSD may have had on these experiences.

The third phase allowed the subject to reflect on the meaning of their experiences. Per Siedman (1998) “making sense or meaning requires that the participants look at how the factors in their lives interacted to bring them to their present situation.” Through this process, the subject was allowed to discuss how PTSD had impacted their lives, specifically their employment. This gave valuable insight to the interviewer in how PTSD impacted the vocational functioning of the participants per the perceptions of the participant.

As these participants had been diagnosed with PTSD, stemming from their combat experiences, there was the distinct possibility that questions about their experiences may have acted as a trigger to their PTSD. Given this possibility, the participants were provided with information regarding where to access assistance to mental health issues, particularly local Veterans Centers where they could receive assistance in dealing with their PTSD issues. Additionally, the participants were provided with the opportunity to discontinue the interview at any time. This was of particular importance given the nature of discussing issues related to their traumatic experiences and not wanting to revive these experiences.

Interviews were kept to a time limit of 60 to 90 minutes. After the initial interview, contact was made with the participants after approximately one week. This time frame allowed the subject sufficient time to “mull” over the initial interview, and was close enough for the interviewer not to lose connection between the interviews. At the outset of the interviewing process, the participants were asked to sign a consent form (see appendix C) and an interview guide was followed (see appendixes D and E) to ensure consistency was maintained throughout the interview process among all

participants. Upon completion of the data collection interview process, thank you letters were sent to all participants (see appendix F) to express thanks and gratitude for the time and efforts put forth by the study participants.

Recording of Data

As discussed, in-depth one-on-one interviews were utilized to solicit information from the participants in this study. This information was recorded, transcribed and organized for further analysis. Moustakas (1994) recommended asking questions that are broad in nature so that the researcher can ask further questions to reach the essence of a deeper meaning. These interviews were conducted using a digital recorder, allowing the researcher to have digital access to the interviews for frequent use and analysis.

Once the data was recorded, the recordings were transcribed word for word. This transcription allowed the researcher to better organize the data and facilitated the analysis of the data.

Coding

Once the recording and transcription of the interviews was complete, the data was analyzed using open coding, which, defined by Straus and Corbin (1998) is "the analytic process through which concepts are identified and their properties and dimensions are discovered in the data."

Coding was done by analyzing each transcription, line by line and placing portions of each interview into thematic groupings. These groupings were then analyzed to identify sub-categories within each major thematic group. Through this organization, the researcher was immersed in the data and was able to know the data well, pulling it

apart for significant units of transcripts, which aided in understanding how the participants have placed meaning to the phenomenon

Storing and organizing data

Literature, memos, personal diaries, interview data, and any other information that was relevant to the study have been stored in a locked file cabinet. Additionally, the digital voice recordings of the interviews have been copied onto a password protected disc and stored with other personally identifiable information in a locked file cabinet. Pseudonyms have been used for all participants to insure confidentiality and every effort has been made to protect the identity of the participants and the organizations that are involved in the study. These data collection components, which were recommended by Creswell (1998), have been followed strictly and consistently to ensure the integrity of the study.

Validity

Validity should be a concern of any research project. Validity, as explained by Cohen, Swerklik, and Smith (2001), is the extent to which an instrument measures what it is intended to measure. According to Creswell (2002), threats to internal validity are threats that arise with participants in a qualitative study. To address concerns of validity and trustworthiness, steps were taken to ensure that participants answered interview questions openly and honestly as to ensure the integrity of the study. These steps included selection of participants with whom the primary researcher had not previously worked, so as to avoid biased interview answers, making sure participants understood their rights as research participants and that their identity would be protected, and explaining to participants the significance of the study.

In addition to the steps taken with participants, other techniques were employed to ensure validity that helped enhance the credibility of the study. These techniques included member checking and peer review. Member checking, as described by Cho and Trent (2006) is a process in which collected data, and the researchers analysis of it, is "played back" to the participant to check for perceived accuracy and reactions. Member checking helped to ensure that a proper understanding and interpretation of the data was correct. During the interview process, answers provided by the participants were frequently repeated to insure that the participant was able to confirm their response. Additionally, during the follow up interview, answers to various questions and participant statements were repeated for the participant, thus giving the participant the opportunity to confirm their answer, and elaborate if needed on their responses.

Peer review, as recommended by Cho and Trent (2006), is a process of sharing manuscripts with informed readers to check for accuracy. This process helps to ensure validity with the assistance of multiple sets of eyes. This was done with the assistance of a qualified peer with whom the transcribed interviews were reviewed. Through this process the data was further refined and the themes more fully explored. This peer review assisted in ensuring that the data was interpreted and analyzed correctly.

Ethical Considerations

According to Marshall and Rossman (2006), ethical considerations in a qualitative study are generally generic in nature – informed consent and protecting participants' anonymity – as well as situation specific. This study complied with all of the guidelines, as established by the Institutional Review Board at the University of Texas, and included informed consent, as well as the use of pseudonyms to protect the identity of research

participants. Marshall and Rossman also recommended that emotionally engaged researchers continually evaluate and construct their behavior. No ethical dilemmas were foreseen, however, as the primary researcher is an employee of the Department of Veterans Affairs, continual evaluation of the researcher's bias and influence over potential participants have been assessed. Steps to reduce the perception of ethical issues were taken in the even that any arose. These steps included excluding participants who may have ongoing participation with the Department of Veterans Affairs Vocational Rehabilitation and Employment program, or individuals who may have had past dealings with the primary researcher.

Interpretation of the Phenomenon

Creswell (1998) explained that qualitative data cannot be generalized to the greater population of a sample, but it was anticipated that this study would bring out information rich data that could reach the essence of the phenomenon of employment and the impact that PTSD can have on this employment, as reported by the participants of this study. As the research was gathered and the data collected, it was analyzed and coded by identifying specific themes discovered through the interview process.

According to Patton (2002), "Interpretation means attaching significance to what was found, making sense of the findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order (p. 480)." This interpretation can be enhanced by the transformative learning that has taken place in the participants of this study as they experienced the phenomenon of combat-related PTSD and the impact on employment.

This chapter outlines the methods that will be used to study and interpret these phenomena. The chapter initiated with a definition of qualitative research, and explored further the phenomenological research tradition. A brief history of phenomenology was presented, and finally the specific steps were outlined in this research process.

This outline included the setting, the participants, issues of validity, data collection, data analysis and the role of transformative learning, ethical considerations, and interpretation and reporting of the phenomenon. This chapter set the foundation for the study, and for data with which are reported in Chapters 4 and 5.

CHAPTER FOUR

PARTICIPANTS

In this chapter, the participants in this study have been identified. Through this process, brief background information with respect to their personal histories, military experiences, and employment histories both before and after their military experiences are discussed to lend a contextual framework for the analysis of the data that will follow in Chapter Five.

Participant Selection

Through the recruitment process, eleven individuals were identified and selected to participate in the interview process. While a total of eighteen veterans volunteered to participate in the study, several had not been diagnosed with PTSD, and as such, did not meet the criteria set forth in this study. Additionally, some of the other veterans who offered to participate in this study had received a diagnosis of PTSD, however, these veterans were not deployed to theaters of combat, and their PTSD was a result of sexual trauma, motor vehicle accidents, or other traumatic events. These veterans did not meet the criteria for participation in this study, and while they were thanked for their service to their country, they were not selected as for participation in this study.

The participants who were selected, were selected using purposeful sampling, to attempt to gather a greater representation of experiences. Using the criteria listed previously, the eleven participants selected have a variety of experiences, both through their military experiences as well as their civilian employment experiences

As previously discussed, data was collected from participants to explore the impact that combat-related PTSD has been on vocational functioning. This data included

a comprehensive interview in which the veterans' pre-military vocational history was discussed as well as their post-military vocational experiences. Throughout the interview, member checking was used. This provided the participants with an opportunity to hear their answers repeated and allowed them to correct their answers as they deemed necessary. This member checking process was also performed during the follow-up phone call one week after their initial interview. Providing the participants an opportunity to think about their responses throughout the week, and allowing them to revise their answers ensured the validity of their responses.

Throughout the interview process, the veteran's PTSD was explored with respect to the veteran's perceptions on their interactions with supervisors, co-workers and other areas that may impact vocational success. Through this process, it was evident, that for these participants, their combat-related PTSD has been a significant impairment to their successful vocational functioning. The participant's information is listed in Table 1. It should be noted that in order to protect the participants' confidentiality, pseudonyms are used.

Table 1
Participants

Name	Age	Age at Enlist-ment	Branch of Service	Conflict	Employed at time of Interview	Traditional Occupation	Years In Military
Darrel	30	17	Army	Iraq (X2)	Yes	Mechanic	9
Peter	26	18	Army	Iraq	No	Roofer	3
Fred	61	19	Army	Vietnam (X3)	No	Telecomm-unications	6
Otis	30	18	Army – National Guard	Iraq	Yes	Landscaping	10
Carl	27	22	Army	Iraq Afghanistan	Yes	Customer Service	4
Denise	33	24	Army	Iraq	No	Logistics-	8

			National Guard			Warehouse	
Brad	30	19	Marine Corps	Iraq (X2)	Yes	EMT	9
James	29	23	Marine Corps	Iraq	No	Truck Driver	5
Darren	34	21	US Army	Iraq	No	Constructio n	9
Dale	29	23	US Army	Afghanistan	Yes	Admin-istration	4
Jason	31	22	US Army	Iraq x2	No	EMT	8

As evidenced in Table 1, these participants served primarily in the US Army and the United States Marine Corps. It was anticipated that veterans from these branches of service were likely to be the primary participants in this study as these are the two branches of services that are far more likely to be involved in combat operations in the conflicts represented, those being Vietnam, Iraq and Afghanistan. While their experiences may vary greatly, both through their military service as well as their civilian employment, these participants represent what would be considered the typical combat participant.

The contextual information gathered from these participants and provided below, will provide the reader with greater understanding of the foundational context in which the participants experienced the phenomenon of combat-related PTSD and the impact on employment. These contextual informational interviews provide information related to things that cannot be observed, i.e. feelings, thoughts, intentions, and prior experiences and thus, are essential in helping to identify this phenomenon. The stories that follow are brief introductions to the participants, a brief history of their military experiences and civilian work experiences. These histories will give the reader greater insight into the

participants' experiences and provide the framework for the analysis in the following chapter.

Darrel

Darrel was born and raised in a small town in rural southern Utah. While growing up, Darrel worked for his father who owned a construction business. Through this work experience, Darrel gained training in all areas of construction. Darrel struggled during high school that he credits to a "lack of motivation". Darrel joined the military during his junior year of high school when he was 17. He joined the Utah Army National Guard, and attended basic training during the summer between his junior and senior years of high school. He dropped out of high school during his senior year of high school and attended his AIT (Advanced Individual Training) in the military where he trained to be a howitzer mechanic. Upon completion of his AIT, he joined the active duty US Army. While in the military, Darrel completed his GED.

While in the military, Darrel was deployed to Iraq on two different occasions, serving over 24 months in Iraq. During his deployments, he served with artillery units as a mechanic, but also had to perform patrolling duties where he came under hostile fire frequently. Additionally, his units were mobile, and they frequently had to deploy to various locations throughout Iraq. During these deployments, their convoys frequently experienced attacks due to IED's (Improvised Explosive Devices) as well as suicide bombers. While in Iraq, he experienced several "near misses" where his vehicle was nearly damaged, hit, or destroyed. He witnessed several other US soldiers who were killed or injured, as well as multiple civilian causalities.

Darrel reports that he experienced fatigue, and irritability shortly after his second deployment from Iraq. He did not seek treatment while in the military as he did not feel that these issues were problematic. He attributed these issues to the physical fatigue he experienced while constantly on alert while in Iraq. He felt that after time, he would be able to "wind down" and things would be "normal" once again.

However, approximately 6 months after he returned from Iraq, he began to experience more and more rage and would explode into a rage over the slightest issues. Additionally, he experienced vivid flashbacks triggered by a variety of everyday activities such as loud noises that would trigger flashbacks of explosions. He also experienced frequent nightmares where he would see soldiers who were his friends being blown up. He knew they were going to die, but he was helpless to assist them. The resultant sleep disturbance would cause fatigue and lead to further irritability. This has led to significant marital problems and he and his wife have separated several times over the past 12 months.

Since his discharge from the US Army, Darrel has struggled with maintaining employment as a mechanic. He reports that he can find employment fairly frequently, but has difficulty keeping his employment. He has not maintained employment for more than 2 months with any employer since his discharge. Darrel states that he has frequent conflicts with supervisors and co-workers and has lost several jobs due to conflicts with employers. Darrel reports that his anger management issues were never a problem prior to his deployments, but he finds that he is frequently enraged and has difficulty controlling his outbursts.

Darrel is currently seeing a counselor for PTSD issues, including his anger management as well as his marital issues. In addition to seeing a counselor, he is also taking medications for his symptoms. He states that while his medications help with his anger issues, he continues to experience vivid flashbacks and frequent nightmares. As a result of these issues, he finds himself always on edge and ready for an attack. This hypervigilance continues to be problematic on the job. In addition to attempting to work, he is currently attending college with the goal of completing a degree and securing employment in the field of Natural Resource Management.

Peter

Peter was born and raised in a rural ranching town in central Wyoming. Growing up, Peter worked on various ranches for family members while attending school. However, Peter stated that the small town life lead to boredom and resulted in a history of underage drinking, experimental drug use and significant legal troubles. Peter reports that the judge he frequently dealt with gave him the option of joining the military or going to jail. Peter chose the military, and joined the US Army at the age of 18.

While in the military, Peter served in the Infantry. His primary duty was to perform patrol duties, secure areas, and stop hostile forces from entering secured areas. Peter spent 14 months deployed in Iraq. During his deployment, Peter frequently came under hostile enemy fire. In addition to being frequently shot at, Peter also frequently came in contact with IED's, and suicide bombers. He witnessed other soldiers being wounded and killed as well as civilians who were killed as a result of IED's and suicide bombers. During his deployment, Peter injured his knee when an IED exploded near his

vehicle, throwing him out of his vehicle where he landed on his knee. He was discharged from the military due to this knee injury.

Since his discharge, Peter has experienced unstable employment. He has worked as a clerk at Home Depot for approximately 3 months, and as a roofer for several companies in the Wyoming and Utah areas. These jobs have typically been contract jobs, however, according to Peter, his attitude on the job has resulted in his not being employed by the same contractor more than once. He frequently does not see the importance of the jobs he has taken and misses the importance of his missions in the military. Peter reports that he has no emotional investment in jobs since his discharge from the military.

Peter reports that once he was discharged from the military, he returned to rural central Wyoming. Upon return to his home, he was elated to have returned to his family, and spent a year travelling around Wyoming and the western US visiting friends and family and "re-grouping" himself. However, during that time, he began to experience increasing anger issues and resenting the lack of control he had over his circumstances. He reports that he would find himself enraged at family members over "the stupidest little shit" to the point that he would be ready to attack anyone who would challenge him. During this time, he began to experience nightmares where he would re-live the attack in which he was injured. In his dreams, he would know that there was an IED, but he was powerless to stop the actions from occurring as they occurred. In his nightmares, he would also see fellow soldiers who he knew were still alive, but they would present as being dead. During the daytime, he would experience vivid flashbacks, particularly while driving in rural Wyoming. Driving on the dirt roads in Wyoming, he would frequently

recall driving on dirt roads in Iraq. While driving in Wyoming, he would see old cars in the fields or old farm machinery in the fields and become tense as he would have flashbacks to IED's that were hidden in similar methods in Iraq. He reports that at it's worst, approximately 18 months after discharge, he would experience nightmares several times per month and would have intrusive flashbacks on a daily basis.

Peter has been involved in PTSD counseling on and off since his discharge, but does not see it as helping him. He has taken medications for PTSD in the past, but is not currently taking any. Currently, Peter is trying to become a licensed roofing contractor so that he can bid on and subcontract roofing work.

Fred

Fred was born and raised in northern Michigan. He was an excellent student in school, and while in high school, worked as a stocker at a local grocery store. At the end of his senior year in high school, Fred's parents moved to California. Fred moved with his parents, and shortly after arriving in California, in 1967, Fred was drafted into the US Army. While in the military, Fred worked in communications, setting up communication systems for military outfits in remote outposts.

Fred served in the US Army for 6 years. 3 of those years, Fred served in Vietnam. During his last tour in Vietnam, Fred met a Vietnamese woman whom he married. Fred has been married to his wife for over 30 years.

While Fred served in Vietnam, he frequently served in hostile environments. He was frequently exposed to enemy fire, booby traps, land mines, and suicide bombings. During his 3 years in Vietnam, he witnessed multiple deaths of fellow soldiers, civilians and enemies.

Since his discharge, Fred has continued to work in communications, setting up communication systems and stations, primarily in rural areas. Fred typically works as a contractor. The contracts that Fred works on are typically short term and he reports that he has not worked for the same company on the same contract for more than a year at a time. He reports that he prefers the short term nature of his employment and likes moving from place to place. Fred indicates that he lost so many people that he grew close to in Vietnam that he does not want to get close to others, so the short term nature of his employment allows him to isolate himself this way.

Fred states that while in his last tour in Vietnam, he began to notice his “short fuse”, but at the time, he attributed it as a positive trait as it was a necessary asset to remain alive during 3 tours in Vietnam. However, after his discharge, he was frequently angry and always “on edge”. While he anticipated this going away after being away from combat, he states that it never really did, and he was always “ready for a fight”. Additionally, Fred states that while on the job, he would always be aware of his surroundings and would scan the worksite for possible ambushes and would always have an escape route planned. His hypervigilance carried over to his home life and he would isolate himself and his family, choosing to live in very rural areas and always having firearms near by in the event of an attack. While he knew there was no attack coming, the security of being prepared relieved the anxiety he nearly constantly felt.

Fred also experiences vivid flashbacks. These are brought about by a variety of things such as gunfire during hunting seasons, thunder storms that were frequent while he was in Vietnam. During these storms, the enemy would shoot during a round of thunder so that US soldiers could not identify from where the gunshot came.

Fred also continues to experience nightmares. While they are not as frequent as they used to be, he continues to experience two or three nightmares per month. During these nightmares, Fred sees burned out Vietnamese villages where the residents are dead, and he cannot help them. He also relives many of the firefights he was involved in.

He has also had significant problems with alcohol, and while he has not lost any jobs due to his drinking, he acknowledges that he most likely should have. When he returned from Vietnam and was struggling with his PTSD symptoms, there were no services for him with respect to PTSD and he used alcohol as a medication.

During the early 1990's his drinking and anger became worse and his wife demanded that he seek attention. It was at this time that he was diagnosed with PTSD. He became involved in counseling program and began to take medications to help with his sleep deprivation that helped significantly. He participated in counseling for approximately two years. This counseling helped him with his anger management issues as well as helped him process his hypervigilance issues. He states that he still has contact with his PTSD counselor, but rarely uses this counselor as he states that he has progressed significantly with respect to his PTSD and his coping skills.

Fred is retired from the telecommunications industry and is currently a senior at Utah State University where he is studying Anthropology and Archeology. He hopes to work in this field in the future as a technician.

Otis

Otis was born in a rural town in central Utah, but was raised in suburban Salt Lake City, UT. Growing up, Otis worked in lawn care and landscaping. Otis joined the Utah Army National Guard while in his junior year of high school, and attended Basic

Training during the summer between his junior and senior years of high school. After graduation from high school, Otis completed his AIT as a generator mechanic. Otis has since trained to work as a Medic, and this has been his primary occupation while in the military.

Otis has been in the National Guard for over 10 years and remains in the National Guard, participating in drills where he is required to attend one weekend a month. While the veteran is in the National Guard, his unit, a Special Forces unit, has deployed to Iraq where he spent over 14 months as a Combat Medic.

During his deployment, he witnessed soldiers who were injured and killed and he was a first responder to multiple IED incidents as well as a first responder to multiple suicide bombings where he was required to provide emergency medical treatment to soldiers, civilians and foreign military personnel. During this experience, he witnessed multiple injuries, deaths and dismemberments. Additionally, while providing these services, the veteran was also exposed to hostile fire through gunfire and explosives. Since his discharge from active duty, Otis has re-trained to work as a computer technician in the National Guard. Should his unit be deployed again, he will work as a computer support technician.

Otis is currently working for a local Parks and Recreation program where he works in facilities maintenance. He mows lawns, maintains softball fields, repairs playground equipment and other duties. He has worked in this position for over 3 years, and while his employer is supportive of his military commitments, he feels that since he has returned home, his work performance has suffered.

Otis states that he began to experience symptoms of PTSD almost immediately upon return from Iraq. Primarily were symptoms of depression. He felt constantly fatigued and would frequently call in sick on the job. This fatigue lead to feelings of worthlessness as he felt embarrassed that he was always so tired. Additionally, he would be constantly angry. This was specifically manifested while driving. He would experience road rage and would frequently yell at other drivers and would often chase drivers who he felt had slighted him while driving. He attributes this to the driving techniques that military personnel were trained in while in Iraq. While in Iraq, military personnel were trained to drive as fast as possible and not stop for anything. Civilian vehicles where frequently hit and removed from the road if they were slowing down the military vehicles as this would make them targets for enemy fire. Upon return to the Utah, Otis continued to re-live the panic that he would feel at being slowed down by other drivers.

Otis also experiences recurrent nightmares. During these nightmares, he would frequently be witness to the firefights he experienced in the military. Additionally, his nightmares involve being present as a first responder to a fellow soldier, but not being able to perform his duties. He reports that upon return to Utah, he experienced several nightmares per week, over the past year, these have decreased to three or four nightmares per month. He attributes this to the medications he has been taking to help regulate his sleep.

He has participated in treatment for PTSD through the VA, but has not followed through with this treatment as he doesn't feel the treatment has been effective and initially, Otis states, that "they simply wanted to medicate me". While he does take

medication for his sleep issues, he doesn't wish to take psychotropic medications. He has reported that he will likely return to the PTSD treatment center at the local VA as he doesn't feel that he is managing his PTSD well as he has noticed his anger issues becoming more problematic, particularly while driving.

Carl

Carl was born and raised in a suburb north of Salt Lake City, UT. He completed high school and worked for local construction companies in northern Utah before joining the military at the age of 22. Carl cites boredom and the opportunity to travel, serve his country and as a mechanism to pay for school as motivation for joining the military.

While in the military, Carl served as a Combat Engineer. As part of his duties, he was trained to identify, and dismantle explosives. During his military service, Carl served in both Iraq and Afghanistan, spending over 24 months in hostile environments. While he was deployed in combat zones, Carl worked to identify IED, and either dismantle them, or detonate them safely so that others were not injured. In addition to these activities, Carl also worked patrolling areas, searching for insurgents and to protect local bases from suicide bombers and other enemy combatants.

While serving in Iraq and Afghanistan, Carl witnessed hostile attacks from suicide bombers, IED's that killed and injured fellow soldiers and civilians. While on patrol, he participated in several fire fights and while working to dismantle IED's and other explosives, he was constantly under the threat of serious injury or death.

Upon his return home, he immediately began to experience anxiety issues that are attributed to hypervigilance. This has been particularly problematic while driving. Anytime he passes stationary objects such as mailboxes, parked cars, or other common

place items, he experiences heightened anxiety as this brings back experiences from Iraq and Afghanistan where these items would frequently be used as IED's. He frequently will change his route while driving to avoid objects he can see ahead of him.

He also experiences intrusive flashbacks with these experiences. These flashbacks are so vivid that he frequently will have to pull over or return home and cancel his work schedule or other appointments.

Carl also began to experience nightmares upon return home from Iraq. Initially, he anticipated these nightmares to subside, however, he continues to experience these nightmares on a weekly basis. During these nightmares, he frequently finds himself dismantling IED's. He awakes from these nightmares shaking and exhausted.

He sought PTSD treatment after approximately 3 months from returning from Iraq. But states that he was simply given medication that caused him to become "like a zombie" and as a result, he has not returned to treatment for his PTSD.

Since his discharge from the military, Carl has had a sporadic work history. Primarily he has worked at Home Depot, stocking shelves and loading orders for contractors. He states that while this job has been stable, he has recently experienced some difficulties with supervisors and co-workers. He states that he has exploded at his supervisor several times over the supervisor's criticism of Carl's work. He has been placed on probation recently and feels that he his employer is looking for reasons to fire him. He states that he does not feel a sense of importance in his current job and is attending school to become an architect/urban planner where he can have a better sense of community service that he misses from the military.

Denise

Denise was born and raised in Salt Lake City, UT. She completed high school and after high school, worked for a local restaurant supply company in the shipping and receiving department. While working in this job, she took some classes at Salt Lake Community College, but did not do well. She joined the National Guard at the age of 22, out of boredom and as a way to gain new skills she could use in the workforce.

While in the military, Denise worked as a Transportation Specialist that, as she states is a "glorified truck driver". She completed her Basic Training and AIT training where she learned how to drive trucks and returned to work for her employer. However, as a result of her military training, she states that she was much more disciplined than the other workers and she was able to work into a supervisory position with her employer.

Denise's National Guard unit was deployed to Iraq in 2003 and spent over 16 months in Iraq. While in Iraq, Denise's job was to drive supply trucks to forward operating bases. While operating in convoys, Denise came under hostile fire on multiple occasions and her truck was struck by enemy fire several different times. Additionally, she witnessed several trucks destroyed by IED's and suicide bombers who would ram cars packed with explosives into the convoy trucks. She witnessed several soldiers both being wounded and dying from IED's, suicide bombers and hostile gun fire.

While not performing transport duties, Denise frequently was required to perform patrolling duties where she patrolled around her base and around neighboring areas to protect these areas from insurgent attacks. While performing these duties, she frequently came under hostile fire.

Upon her return to Utah, she returned to work with her former employer. However, after approximately 3 months, she quit this job. Denise states that she had issues with several of the new employees that were there, and she found herself being much more explosive with co-workers, and subordinates. She was frequently involved in confrontations with co-workers, to the point that she felt she had to quit or she would have initiated physical altercations with many of her co-workers. Since Denise has returned from Iraq, she has had several jobs, but has not worked in any job for more than 6 months.

Denise first began to notice symptoms of PTSD almost immediately upon her return from Iraq. She states that prior to her military experience, she rarely became angry, however, since she has returned, as noted above, she experiences explosive anger. This is particularly true with her view toward Hispanics with whom she worked recently. She states that the Hispanics she was working with recently were darker skinned and spoke no English. This experience caused her to re-live her experiences in Iraq with civilians who were frequently insurgents. While she understands that these co-workers were not insurgents, the sight of dark skinned males, speaking in a foreign language caused her to become “very defensive” and she felt that she was under threat of attack while she was working with them. This feeling causes frequent flashbacks and intrusive thoughts to the point that she had to resign from this position.

She also experiences frequently flashbacks with environmental stimuli, such as parked cars, loud noises, and sirens which all cause her to re-live many of the bombing situations she experienced while in Iraq.

She states that she is currently seeing social workers and psychiatrists at the Salt Lake City VA and currently her treatment is working. She is experiencing a reduction in her symptoms through the medication she is taking, but still feels angry all the time. This anger is particularly aimed at foreigners, however, she does admit that this is irrational and she is working with her therapist to deal appropriately with this anger.

Denise is not currently employed and is going to school using her VA educational benefits. She is studying social work and hopes to become a social worker in the future.

Brad

Brad was born in California but grew up in various western states as his father moved frequently with his jobs in the construction fields. Brad completed high school and worked in retail sales before joining the military at age 19. Brad joined the United State Marine Corps out of a sense of obligation and duty as well as family tradition. Additionally, educational benefits were a motivator for enlisting in the military.

While in the USMC, Brad initially served as in Infantryman, but during his 9 years in the military, he also served as an air assault instructor. During his military service, he was deployed to Iraq one time.

While in Iraq, Brad participated in the US offensive in Falluja, an intense battle lasting several weeks long in which he was engaged in house to house fighting with insurgents. During this battle, he experienced nearly constant hostile small arms fire, grenade and mortar attacks, suicide bombings and IED attacks. Brad witnessed fellow Marines being killed and wounded on a daily basis as well as frequent civilian casualties.

Since his discharge from the Marine Corps, the veteran relocated to Utah where his wife’s family resides. He worked in customer service for various call centers as well

as retail sales and office supply sales. While working, Brad also completed training to become an EMT and firefighter and currently works for a local fire department as a firefighter. He has worked in this field of approximately one year.

Upon return from his deployment to Iraq, his enlistment was over and he opted to leave the military as he did not wish to be deployed again. Shortly after his discharge from the Marine Corps, he began to experience intrusive thoughts about Iraq. He credits this to his watching the news constantly to gather information about his former units and other Marine units being sent to Iraq. Once he discontinued watching the news, these thoughts did not dissipate as he had anticipated. He continued to have intrusive thoughts about his experiences in Iraq and began to have flashbacks brought about by various triggers such as smells and sounds. In particular, the smell of smoke would cause him to experience flashbacks and loud sounds such as cars backfiring or busses passing by would immediately trigger these flashbacks. He also began to experience more and more vivid nightmares where he would be reliving witnessing a particular suicide bombing at a check point where several civilians were killed. In his nightmares, he would know what would happen, but was powerless to assist the victims.

After approximately 6 months of increasing flashbacks and nightmares, Brad realized he needed help in dealing with these issues and sought counseling through the VA. He feels that the counseling that was offered did not help him in dealing with the persistent thoughts and flashbacks. He felt that many of the group therapy sessions he was in would turn into “BS sessions with other vets” and they would simply exchange war stories. As a result, he discontinued participation in PTSD counseling. He did receive

benefit from prescription of sleeping medication to help regulate his sleep and minimize the nightmares he was experiencing.

While his current employment as an EMT and Firefighter can be stressful, he states that the job satisfaction he experiences helps remediate many of the nightmares and flashbacks that he experienced previously.

James

James was born and raised in a rural town in central Utah. James dropped out of high school during his junior year and worked in construction for 6 years until he joined the military after the terrorist attacks on September 11, 2001. He joined the United States Marine Corps out of a sense of patriotism and wanting to serve his country after the 9-11 attacks.

While in the USMC, James served as an Infantryman as well as a sniper. During his 6 years of military service, James served over 12 months in Iraq. While in Iraq, he conducted infantry patrols, manned security check points and was involved in several offensives in which he witnessed the deaths of several Marines. He frequently received enemy small arms fire, enemy mortar attacks, IED's and suicide bombers. As a sniper, he frequently worked in isolation and was often alone while insurgents were nearby. He states that these times were terrifying and he easily could have been killed or taken prisoner as were other snipers.

Upon return from Iraq, James began to drink heavily to help forget many of the experiences he had while in Iraq. During this time, James began to experience difficulty with managing his anger. He was always frustrated with others and would lash out at family and friends frequently, to the point that he was encouraged to seek help for his

anger issues. The suggestion that he needed help would cause even more anger with James. In addition to his anger issues, James began to isolate himself and withdraw from social activities. His anger management issues become apparent while driving and he has reports that he has experienced “road rage” frequently that has caused him to drive recklessly and he has received several speeding tickets as a result of this.

Once he was discharged from the Marine Corps, this isolation and withdrawal was even more pronounced. He would only venture out in the public when absolutely necessary. He avoided crowds and other social activities as he was constantly afraid of not being in total control of his surroundings. While at home, he would have firearms hidden in his home so that he could have one ready at all times in the event of an enemy attack.

Additionally, James experiences sleep disturbance. His hypervigilance has led to being constantly on alert, and as a result, he wakes easily and is frequently startled by noises at night.

Since his return from Iraq and his discharge from the Marine Corps, James has had a sporadic work history. He completed a CDL course and worked as a dump truck driver in Orem, UT for various companies. He was frequently fired due to conflicts that he relates to his PTSD and his inability to control his anger with customers, co-workers and supervisors. In addition to driving a dump truck, he has worked as a security guard and as a delivery driver for a local auto parts company. In the 3 years he has been out of the Marine Corps, he has not maintained employment for over 4 months. He is currently unemployed, and is planning on attending Utah Valley University to study Photography using the GI Bill. He anticipates participating in on-line trial initially and hopefully being

able to take courses on campus, however he is unsure if he will be able to do this given his current symptomology.

James states that his PTSD causes memory problem that were problematic with his driving jobs and his security jobs as he could not remember specific duties, times and addresses and would frequently forget specific tasks of his job.

James is currently receiving treatment for his PTSD, but he states that it took over a year for him to enter into treatment as he did not recognize his behaviors as being problematic. Currently he participates in a PTSD group in the VA and is taking medications for depression. He does not feel that the group therapy is effective and will likely discontinue participation in the group therapy and would rather work one on one with a therapist. He states that the medications he is taking helps with his explosive anger issues, but they also make his feel like a "zombie", to the point that he doesn't feel passionate about anything.

Darren

Darren was born and raised in Orem, UT. He graduated from high school and states that he was an average student. After graduation from high school Darren got married, and worked several jobs to support his family. He worked in the tire department of a local Wal-Mart where he would change and rotate tires. He also worked stocking groceries at a local grocery store. Additionally, he worked as a parts delivery driver for a local construction company. While working as a delivery driver, he was able to meet construction company owners and eventually worked for local construction companies as well. Darren states that all of these jobs were dead end jobs with no future. At the age of

21, when his wife became pregnant, he decided to join the military to gain a career, training, and a job with medical benefits for himself and his young family.

Darren joined the US Army and was trained to be a Combat Engineer. In this field, he was trained primarily in construction, but he specialized in heavy equipment operations and was trained to use equipment such as bulldozers, trenching machines, cranes, and backhoes. While in the Army, he was deployed to Iraq and Afghanistan. While in Iraq, his job was primarily to use bulldozers to clear roadways of vehicles that had been destroyed and were blocking convoys from moving freely on the roads. While moving these vehicles, they were frequently rigged with secondary explosives so that he was exposed to explosions while performing his job. He was also subject to enemy gunfire while working in his vehicles. Several of his fellow soldiers were wounded from explosions and gunfire.

While in Afghanistan, Darren as able to use his training in combat engineering and construction to build US and Afghanistan army bases. However, while using a backhoe to construct a road near a US base, his vehicle hit a landmine and his vehicle exploded. The explosion overturned the backhoe, which left his leg trapped underneath. While his fellow soldiers were attempting to rescue him, Taliban insurgents harassed them with small arms fire. During this fire fight Darren was shot twice in the arm. Once he was rescued, he was immediately taken to a military hospital where his right leg was amputated below the knee.

As a result of his wounds, Darren was medically discharged from the military after 9 years in the military. Since his discharge, he has not worked, but has been attending Utah Valley University with the goal of becoming a Physical Therapist.

Darren indicates that he began to experience flashbacks while in the hospital recovering from his wounds. He attributed this to being in a military hospital and seeing others who were also wounded, however, upon return to the states and his home, he continued to have frequent flashbacks. These flashbacks were primarily triggered with sounds, such as heavy equipment and loud noises.

Additionally, while in recovery, Darren would experience significant memory and concentration impairment. He would frequently forget about medical appointments and would be unable to follow through with even the simplest of instructions. Initially, he attributed this to his wounds and the physical trauma he experienced, however after approximately a year, his symptoms were worse. In addition to poor memory and concentration, he would experience anxiety attacks when he would forget things. His anxiety, coupled with his concentration and memory impairment have impacted his marriage and he is currently in counseling with his spouse to understand these problems and work through them as a couple.

Darren has participated in PTSD counseling while in the military as well as through the VA. Currently, he is not actively in counseling and sees a VA Psychiatrist every 6 months for medication management. Darren states that his medications help with concentration and with controlling his anger, however, he also states that his medications make him feel “wiped out” most the time.

Dale

Dale was born and raised in a southern California, near San Bernardino. Dale graduated from high school, and worked for various retailers while in high school. Upon graduation from high school, Dale went to community college for a year, but due to

finances, had to quit pursuing college and began to work full time for an office supply company. He worked as a delivery driver, then as a sales representative for this company. When he was 23, the company he was working for expanded and he was passed over for several management positions. As a result of this experience, he realized that he needed to have a college degree and management experience to be competitive for better jobs in the future. As a result, he joined the US Army to be able to obtain money for college and to gain leadership experiences that would help him in the future.

While in the Army, Dale trained to work in Office Administration. He served for 4 years in the US Army. During that time, he was deployed to Afghanistan. While his primary occupation was in Office Administration and he worked in this field. He was also required to participate in area patrols where he would have to patrol areas to insure they were free of insurgents and other hazards to US forces. While on these patrols, his group frequently experienced enemy gunfire, enemy mortars, IEDs, and landmines. While on his base, they were frequently assaulted by enemy mortars, and suicide bombers. In these experiences, he witnessed fellow soldiers being wounded and killed as well as Afghanistan military and civilian personnel being wounded and killed.

Upon returning from deployment from Afghanistan, Dale began to experience a heightened sense of alertness. This hypervigilance became especially pronounced at home where he would maintain weapons throughout his house in the event of an enemy attack. Additionally, loud sounds like car horns or large trucks would immediately put him in “combat mode” where he was constantly ready for an attack.

Initially, he attributed this hypervigilance to simply being back in the US after being deployed for over a year. However, after approximately 3 months of being home,

he also began to experience anger control issues and would frequently “fly off the handle” at anyone who would challenge him. This became particularly pronounced while driving. He would experience road rage to the point that he would engage in verbal arguments with other drivers while driving. During one particular instance, he had a loaded gun in his car, and while he did not use it or threaten the other driver, he states that he was tempted to do so. At that point, he realized that he needed help to control his anger, and he sought counseling from the counseling center on his military post.

Upon discharge from the US Army, Dale moved to Tooele Utah, where his wife (whom he met in the military) was from. Dale has worked in several jobs since his discharge from the military. These jobs have primarily been in construction fields, with his most recent job working at a pallet making company. In this job, he made pallets for loading and shipping construction equipment. He recently quit this job as he states the loud noises from the constant hammering in the shop reminded him of gunfire and he would leave his shift “on edge” as a result of his hypervigilance to the point that he would have to leave work frequently as he would feel as though they were under a mortar attack. He states that his hypervigilance, flashbacks and anger issues have all been contributing factors to his unstable employment.

Currently, Dale lives in Tooele Utah, and his attending a distance education program through Utah State University, in hopes of obtaining his Bachelor’s Degree in Management.

Jason

Jason was born and raised in the suburbs of Dallas, Texas. After graduation from high school, he took classes from a local community college in learning how to install

telecommunications equipment, and worked in this field for approximately 3 years after high school. In these jobs, he was primarily a “cable runner” where he would install fiber optic cables in businesses and residential homes. After the terrorist attacks of September 11, and the following economic downturn, his employer closed the business and he found himself unemployed. It was while he was unemployed and seeking employment that he joined the US Army. He joined for economic stability as well as a sense of obligation to his country and for the opportunity to gain additional training that would help him in a career after his military experience was over.

While in the Army, Jason was trained as a Combat Medic. He served primarily with the 82nd Airborne Division, and was deployed to Iraq on two separate occasions, spending over 24 months in Iraq. While deployed as a Combat Medic, Jason worked both at an aid station where he attended to troops coming back from patrols with wounded soldiers as well as attending to victims of IED attacks. Additionally, he frequently went on patrol with units, and was frequently a first responder to soldiers who were shot or hurt in IED attacks. His job was to stabilize these soldiers and insure they were moved to an attending aid station where they would receive higher levels of care.

While serving in Iraq, he witnessed soldiers getting shot or exposed to IED attacks and also witnessed the results of suicide bombers as a first responder to several suicide bombings where he treated military and civilian personnel.

While on a convoy mission, a vehicle in his convoy was destroyed by an IED. The shrapnel from the IED wounded several other soldiers in other vehicles and Jason was wounded with a large piece of shrapnel hitting his left knee. His knee cap was shattered and he was air lifted to a military hospital in Kuwait and later in Germany.

While recovering from his wounds in Germany, Jason began to experience symptoms of PTSD, including nightmares, flashbacks, and guilt that he was no longer with his unit and able to help those who were wounded. This guilt led to feelings of depression and anger over his situation. He continues to experience frequent nightmares, and estimates that he has 3 or 4 each month. In these nightmares, he experiences vivid recollection of being a first responder at specific attacks, however, rather than providing aid, he is frozen and cannot perform his duties. These nightmares cause guilty feelings, which leads to symptoms of depression.

Additionally, he continues to experience frequent flashbacks. Currently he lives on a remote military base, which is in the Utah desert. This base has similar topography as Iraq, coupled with living on a military post, this leads to frequent recollection and flashbacks of his experience in Iraq.

Since his discharge from the military, Jason's work history has been poor. He does not work in the medical field as the stress of working with people in distress brings back too many memories of his combat experiences and he does not wish to relive these experiences. He has worked as a bartender and various temporary jobs in construction fields, but states that with his knee problems, he cannot work in these fields.

Jason moved to the military base in rural Utah approximately 3 months ago as his wife secured a civilian job with the Department of the Army. He states that the remoteness of their new area is ideal for him as he does not have to deal with too many people and can focus on his vocational and education goals. He is currently pursuing a degree in Social Work through a distance education program with Utah State University.

Jason has recently started seeing a social worker at the local Army base where his wife works, to deal with his PTSD, and primarily his anger issues. He is not currently taking medications at this time, although he has been on medications previously, but he does not feel that these medications have helped him in the past.

The brief background provided from these eleven participants provides a contextual framework to better understand their experiences and how these veterans perceive that these experiences have impacted their vocational functioning. In the following chapter, through the responses that these veterans have shared, themes will be identified that will provide greater insight into their experiences and the impact that these experiences have had on their vocational experiences, stability and vocational functioning. Through this process, we will be able to gain a greater understanding of the vocational impact of combat-related PTSD.

CHAPTER FIVE

DATA ANALYSIS

Chapter Four presented descriptions of the 11 participants. The descriptions revealed their backgrounds to include histories, military experiences, onset and severity of their PTSD to give greater insight into their experiences. Discussion in this chapter will focus on the data gathered through the transcription and analysis of the data and attempt to draw meaning from the veterans' experiences and their perceptions of these experiences and the impact this has had on their employment. Themes identified through the analytic process will be presented, along with the impact on the participants' employment.

Themes

Analysis of the data identified several themes that shed light onto the impact of combat-related PTSD and the impact on employment for these participants. These themes were identified in the data and explored to gain greater insight into the experiences of the participants and how these experiences have impacted their vocational functioning.

To ensure that the validity of the analysis of the data, peer review was used throughout the analysis process. Two additional individuals, trained in qualitative analysis, were used to provide assistance during the analysis of the data. These individuals provided assistance in identifying key ideas in the analysis of the data as well as insight into the data discovered in the transcription and analysis process.

To facilitate the analysis of this data, the themes were grouped into the following categories; behavioral, treatment, military experience. These categories were explored to

gain a greater understanding of the impact that combat-related PTSD has had on these participants as well as to explore their perceptions of these issues.

Behavioral

The themes identified in the behavioral category consist of the following; anger, hypervigilance, sleep disturbance, and substance abuse. These themes were common threads throughout the interview process with the participants, and throughout the interview process, these themes have been identified as impacting the participants' ability to engage in the four areas that are key to vocational functioning identified by Fischler and Booth (1999): (a) understanding and memory, (b) concentration and persistence, (c) social interaction and (d) adaptation.

Anger

The most common theme was that of "anger". While this is certainly a symptom of PTSD, it seems to be an overriding issue with all of the participants. While the intensity and duration of anger or outbursts may vary among the participants, all of the participants who have worked since their discharge from the military have described their problems with managing anger and conflict as having a significant impact on their employment. Several of the participants quit their jobs due to conflicts with supervisors and co-workers, and others were fired as a result of these conflicts.

Many of the participants described their feelings of anger as being constant. This anger manifested frequently and adversely impacted their vocational functioning. Nearly all of the participants related experiences of being fired or quitting jobs due to their inability to control their anger.

Denise's experience with her employer after she returned from deployment with the National Guard is characteristic of the conflicts that several of the participants experienced after their return from combat. "I had an employee get up in my face and we had a screaming match. And I was just waiting….I was just waiting for him to touch me. That's all he had to do was touch me and I'd lose it." Eventually, Denise talked her employer into laying her off so that she would be eligible to collect unemployment benefits rather than being fired. She reports that either way, she would have lost her job.

Darrel had similar experiences with his inability to manage his anger appropriately. His anger management issues began while in the military after his return from combat, however they have escalated since his discharge. In one particular experience, he stated, "I was working for Big O Tires and…we had a supervisor that…it got to the point that I almost stabbed him with a screwdriver I was so mad at him. And I caught myself and I was like "I can't do this…I've got to quit."

Darrel did quit his job, however, due to his inability to control his anger, he has experienced similar conflicts on other job sites, and he continues to experience problems with his wife. While he continues to work on these issues through counseling, he is unsure if he will ever be able to work in a field where he is closely supervised. Otis' experiences are similar to those already mentioned. He related a particular experience he had while working for a local Parks and Recreation organization. "I was working at the Parks and Rec, you know. I'd get in like verbal arguments with some of the people there. You know it just escalated. So that's when I just decided to not work there anymore." He continued, "I don't want to go to jail, so a lot times, I'll say my bit and a lot of times

people will just leave it at that. You know if I tell them to 'fuck off' they'll either confront me or back off."

Through these shared experiences, the participants have identified the impact that anger has had on their vocational functioning. This loss of employment, either by being fired or leaving their positions before the violence further escalated to physical conflict is consistent with data that who indicate that fear of confrontation from supervisors may also be an issue, and as a result, many individuals with PTSD may avoid confrontation to the point that they simply quit their jobs. However the threat of physical conflict for many of the participants appears to be just below the surface, and a serious threat for many of these participants.

Road Rage

One particular manifestation of the anger that many of the participants experienced was that of "road rage". As some of the participants shared during their interviews, while deployed in Iraq and Afghanistan, driving proved to be one of the most vulnerable times. While driving in convoys, there was a loss of control that the veteran experienced as they could not control their surroundings or the events that occurred around them. While on the road, they were frequently exposed to hostile gunfire from unseen hostile forces. They were exposed to IED's that could destroy an armored vehicle and kill all the passengers inside, which frequently happened to all of the participants who were deployed to Iraq and Afghanistan. Additionally, once an IED stopped a convoy, they were at further risk for hostile gunfire, mortar fire, and suicide bombers.

To combat this vulnerability, military personnel were frequently taught to drive fast through potentially hazardous areas and not stop under any circumstances. While

driving in this manner, these personnel frequently hit civilian cars, pedestrians and other obstacles without stopping. Anyone who threatened to slow their vehicle down was a potential insurgent and therefore a danger to themselves and their comrades.

Many of the participants of this study have had difficulty adjusting to driving since they have returned from the theater of combat. The encouragement they received to drive aggressively, coupled with impaired anger management leads to a return of their aggressive driving techniques.

James, who worked as a truck driver after his discharge, related his experiences while working as a driver. “Even though I knew I was driving in Utah, I still felt that every stalled car, every piece of trash, every construction barrel was an IED and I’d just freak out and try to swerve to avoid driving close to anything on the side of the road. But all that swerving in a dump truck would piss other drivers off and I’d get in verbal fights with other drivers who would honk at me.”

Dale also shared his experiences of engaging in road rage. “One time I was driving on the freeway, and a driver in front of me slowed down. I started honking and yelling at him to get out of the way. In Afghanistan, you don’t slow down….so, he got out of the way, and when I passed him, he flipped me off. That’s all I needed….so I followed him for about 5 miles. I had a loaded gun in my car at the time, and if he would have stopped and pushed me, I probably wouldn’t be here right now.”

Otis’ experience with road rage is also common for the participants. “Most of the time I’ll get…like I call it “retard man”. It’s like when I’m driving, and someone cuts me off or they are oblivious to the conditions…like that’s when I just see red and I

want to like murder people. Like the other day, some lady cut me off…almost hit me when I was on my motorcycle the other day and I freaked out on her…I started flipping her off and tried to cut her off in traffic."

While "road rage" may not appear to have relevance to vocational functioning, many of the participants of this study have had to drive as part of their job duties. Participants like Jeff have worked as professional truck drivers, while others such as Jason and Brad has worked as EMT's, where driving is an essential function of their job. Other participants have had to drive delivery trucks, landscaping trucks and other vehicles as part of their jobs duties. Given this information, it is easy to see how "road rage", in addition to being a dangerous issue has also been had a negative impact on their employment functioning.

These experiences with anger and road rage illustrate the impairment that stems from combat-related PTSD. As the participants have shared, these issues are significant impairments to employment and have caused vocational instability to the point that they have either been fired or quit several jobs.

Hypervigilance

Hypervigilance is defined as "abnormally increased arousal, responsiveness to stimuli, and scanning of the environment for threats" (Dorland's Illustration Medical Dictionary, 2007). As described initially, many veterans of combat experience these symptoms. The participants of this study are no exceptions with all 11 participants indicating that they experienced hypervigilance.

When exploring the experiences of individuals who have been in combat for extended periods of time, it is little wonder that many veterans of combat experience

symptoms of increased arousal and scanning their environments for potential threats. In combat situations, this would appear to be a positive and lifesaving attribute. However, for many combat veterans, the issue of hypervigilance does not diminish upon return from combat situations. For the participants of this study, in these instances, the impact of abnormally increased arousal has had negative implications on their employment.

Darren's experience at work exemplifies the impact of hypervigilance on the job. While working in a warehouse, building trusses for homes, many of the employees used electric nail guns. These nail guns sounded like small arms fire, and the frequent stimuli he experienced caused him to be on constant alert and ready for an attack. When working, he would always identify escape routes and would have to leave frequently to check the parking lot and surroundings as he was constantly ready for an enemy mortar or small arms attack.

Peter's experiences as a roofer were also consistent with this model of hypervigilance as defined previously. The stimuli of working in roofing, particularly in the summers when it was very hot, would remind him of his experiences in Iraq. These stimuli would cause him to be at a heightened state of alert. He would snap at co-workers who would tap him from behind on the shoulder, because given his heightened state of alert and increased arousal, he became physically confrontational. Like Darren, he would frequently have escape routes planned from his work site in the event of an enemy attack.

Fred's experiences, while having fought in a different conflict, are similar to the other participants. He constantly is on alert for anything out of the ordinary. Small changes or unexpected changes in his surroundings can cause him to become easily agitated that causes irritability and angry outbursts. Working in the communications

fields, he was frequently required to work in remote areas alone. He states that at these times, he would be on a heightened sense of alert and would frequently leave the job early, or quit his position due to his inability to work in such vulnerable surroundings.

Carl also has experienced issues with hypervigilance that has caused him to quit his job. While working as a customer service representative at Home Depot, he would frequently work in delivery where there were trucks constantly delivering and picking up items. Additionally, items were frequently dropped, causing loud crashing sounds. Being around heavy trucks on a frequent basis and the loud crashing sounds associated with working in a delivery dock, he was in constant receipt of stimuli similar to that he experienced while in combat. As a result of these stimuli, he was on constant alert and frequently walked the perimeter of his area to insure it was secure. However this took time from his typical duties and he was frequently reprimanded by his supervisors for not being at his station while he was securing his immediate area.

Deanna's experiences are also common among the participants. As discussed previously, her distrust of dark skinned males has led to conflict and confrontation on the job. She states that when she watched her dark skinned co-workers talking in Spanish, she would immediately tense up and wait for an attack, as this would be a frequent occurrence while in Iraq. While she realizes that these fears are irrational, she was still unable to control her anxiety over pending attacks and she would frequently have pre-planned escape routes identified at work and in social settings.

As discussed previously, the issues that many of the participants face with road rage are also related to the veterans' hypervigilance. This heightened state of alert and increased arousal when driving leads to poor decision making and impulsive actions that

have caused several of the participants to voluntarily quit their jobs due to their inability to deal appropriately with the stimuli they experience and the ensuing hypervigilance.

Carrying Firearms

One of the consequences of hypervigilance noted in the data was that of the participants owning and carrying firearms. Several of the participants, such as Fred, stated that they own firearms and keep loaded firearms throughout their homes in the event of an attack. This was not uncommon for the participants of this study, and several of the participants volunteered similar information in that they had loaded firearms at home, ready to use in the event of an attack.

While owning and using guns at home may be common, several of the participants indicated that they have gone to work with firearms despite the employers' policies. Darren, Fred, and Otis indicated that despite their employers' policies of "no firearms", they opt to carry a gun at work as they want to feel as though they have protection in the event of an attack. During the interview process, they acknowledged this as not being a reality, however they claim that they still feel safer and more "in control" of their surroundings when they are armed.

Additionally, several of the veterans indicated that they carry loaded firearms in their cars. Otis, James, Dale, Darrel, and Darren, all state that they carry firearms in their cars in the event of an attack. While there is no law against carrying firearms, having loaded firearms in a vehicle can be considered dangerous, particularly in light of the issues of "road rage" that many of these veterans experience. Additionally, with the responsibility of having to drive as part of their employment duties, the fact that they are carrying loaded weapons in their vehicles is concerning.

As evidenced, the issues of hypervigilance have negatively impacted the vocational functioning of many of the participants. The heightened anxiety, increased arousal and responsiveness to stimuli led to behaviors on the job that has caused conflicts, poor work performance, absenteeism, all of which have adversely impacted the veterans' employment stability and vocational functioning.

Sleep Disturbance

According to the DSM-IV-TR, one of the diagnostic criteria of PTSD is persistent, increased arousal (American Psychiatric Association, 2003). One of these symptoms is that of sleep disturbance. Sleep disturbance can be associated hypervigilance. An individual's increased arousal and hypervigilance is so acute that the individual has difficulty sleeping and is constantly ready for an attack.

Another factor in sleep disturbance is that of nightmares. Individuals frequently relive their experiences in dreams, which causes frequent waking or avoidance of sleep to avoid the recurrence of nightmares.

The veterans who participated in this study experienced sleep disturbance related to both of these issues, both through recurrent nightmares as well as a result of hypervigilance. The participants reported that sleep disturbance has adversely impacted their employment through decreased productivity, fatigue, and memory and concentration impairment.

Fred's example gives insight into the impact that sleep disturbance can have on employment. He experiences sleep disturbance as a result of hypervigilance. He states that "after three tours in Vietnam, you learn to listen in your sleep. If you want to stay alive, you can't sleep too deeply." He reports that even the slightest sound in his home

will cause anxiety. He will have to “patrol” his home to make sure the area is secure and that his family is secure. He states that “I’m always tired. So, sometimes at work, I’ll space off for a while and forget what I was doing because I’m so tired.” His work history has been primarily in temporary contract telecommunications jobs. He states that because he gets paid by the job, his poor productivity has cost him money because employers will frequently not offer contracts to him due to his slower productivity.

In addition to his hypervigilance which causes sleep disturbance, he also experiences frequent nightmares. One particular nightmare he experiences revolves around his first tour in Vietnam and walking through a base camp in the jungle. He hadn’t been in combat at that time, but as he was walking near the helicopter landing area, there were several bodies lined up, covered in rain ponchos. A helicopter was landing, dropping off wounded soldiers, and the wind from the helicopters caused the ponchos to blow away, exposing the dead soldiers. Fred recalls “I have the image burned into my mind, and when I dream about Vietnam, that’s the image I almost always get. It’s weird, I didn’t know any of them, and I saw lots of other bodies over there, but that’s the image that sticks to me.” Fred states that when that nightmare occurs, he rarely can get back to sleep. “It’s like if I go back to sleep, I’m going to be right back there, so it’s easier not to go back to sleep.”

Brad’s experiences also provide insight into how sleep disturbances impact employment through decreased productivity. “When I came back from Iraq after my second tour I began having nightmares pretty regularly. They were so vivid that I couldn’t get back to sleep, so if I had a nightmare, I was done for the night.” That lack of sleep has had negative impacts on Brad’s employment. “When I was working at a call

center, I used to be so tired, especially after a night where I had a nightmare, that I'd just sit at my station and not even take calls. I just couldn't focus or concentrate I was so tired. But I knew if I went home to take a nap, I'd just have another nightmare, so I got to the point where I preferred to be tired."

The nightmares that Jason experienced after his discharge led to feelings of guilt and hopelessness to the point that he began to abuse alcohol and drugs to numb himself and be able to sleep without having nightmares. As a combat medic, Jason had recurrent nightmares of being unable to help others who were in need. "I would know what do to, and I'd know exactly what was happening, but I just couldn't move. I couldn't do anything. I'd wake up screaming in bed, freaking my wife out, and the kids would be screaming and crying, and that'd just make it worse." After a nightmare, Jason states "I would be totally spent. I mean I just couldn't do anything, I'd have to leave work early, or just not show up. And most employers won't let that slide for too long." He reports that he lost several jobs due to absenteeism as a result of the fatigue cause by his sleep disturbance. After several months of recurrent nightmares, he began drinking more heavily and using prescription pain medications to sedate himself. "It was easier to sleep if I was numb."

Whether from hypervigilance or from nightmares, the experiences from the participants of this study demonstrate how sleep disturbance has negatively impacted employment of the participants of this study. Of the eleven participants, all of them have indicated that they experienced nightmares and sleep disturbance since their return from combat. The resulting fatigue, concentration impairment, and lack of focus demonstrated

has adversely impacted job performance to the point that several have quit or been fired from jobs.

Substance Abuse

In order to deal with many of the other behavioral issues such as anger, hypervigilance, and sleep disturbance, several of the participants of this study have turned to substance abuse. The negative impact this has had on employment is well documented in the interviews that have been conducted and is consistent with the studies cited earlier, showing increased rates of substance abuse among combat veterans who have been diagnosed with PTSD (Creamer et al., 1999; Dekel et al., 2003; Price, 2001; Prigerson et al., 2001; Rosenheck, 2000).

As discussed earlier, Jason began to use prescription medications and alcohol to sedate himself. “I got into trouble though. As a medic, I knew which medications were the good ones to take, but it was too easy for me to get them.” Jason reports that he began using pain killers while recovering from his knee injury, and was able to get them easily because of his injury. However, as he stated “It was easier to sleep if I was numb.”

The use of alcohol and drugs to “self medicate” appears to be a common theme among the participants of this study. The impact of this substance abuse on employment, based on the experiences of several of the participants of this study, has been very negative.

While Jason was still in the military and awaiting medical discharge, he turned himself into the military substance abuse treatment program where he was able to get help for his pain killer addiction, however he continues to experience the impact of his substance abuse on his employment. “I was a medic. It’s hard to be a medic if you are

addicted to pain medications. I don't even want to be around it now because it's too much of a temptation, and besides, you have to disclose if you've even been in drug rehab, and once you disclose that, you're out of luck. That's ok though, I can't work in that field now…not with all that stuff and not with the stress."

Peter's experience also illustrates the impact that alcohol abuse has had on employment. Upon discharge from the military, Peter returned to rural Wyoming where employment options were minimal. Peter spent several months travelling and "partying". He relates "people who you hadn't seen for years would come over and talk about the war. People will always ask you if you ever saw combat, and what was it like. That was the last thing I'd want to talk about, but then they'd offer you a beer and you'd take it. The only way you can talk about it is when you are drunk." He continued "But, word gets around pretty quick in those small towns, and once you are pegged as a drunk, crazy vet, no one wants to hire you, so you just drink some more."

Peter reports that he hasn't lost jobs due directly due to his drinking, but he states that he has lost jobs due to absenteeism that he reports is a direct result of his drinking. "There have been days when I just can't come to work…either I'm still drunk, or just can't get it together that early."

Dale's experiences also show the impact that alcohol abuse has had on employment. He reports that while working in construction, he becomes so agitated as a result his hypervigilance, that he will frequently leave work and drink and return to work intoxicated. He states that the alcohol helps him cope with his anxiety. "There are times that I just have to get out of there. Everything reminds me of the desert, and I just feel like I'm going to explode. Drinking helps numb me up so I can keep going. I don't get so

hammered I can't walk straight, it just takes the edge off." He has lost several construction jobs due to his poor work performance that he attributes to being intoxicated while working.

James' experience, whose primary occupation has been as a truck driver, has had his employment directly impacted by his alcohol abuse. He has recently received a DUI and, as a result, is no longer able to work as a driver. When talking about his experience, he relates "I'm lucky I got caught actually. It was just a matter of time before I got in an accident."

Treatment

While themes have been identified that show the behavioral impact of PTSD on the participants' vocational experiences, themes focusing on counseling, medication and inpatient treatment have also been identified. Like the behavioral themes explored previously, these treatment issues have also had significant impact on the participants' vocational functioning. These treatment themes include counseling, medication, and inpatient treatment.

Counseling

All of the participants in this study have participated in treatment for their PTSD. For some, this includes in-patient hospitalization and for others, this treatment has included group therapy and individual counseling. However, while all participants have been involved treatment, their experiences have varied widely. While some participants have had positive experiences, the majority have not had positive experiences with their treatment.

Fred's experiences are indicative of a positive experience he has had with his PTSD treatment. Fred sought help initially for alcohol abuse through the VA and was contacted by an outreach worker who helped him pursue mental health services within the VA, which led to him receiving a diagnosis of PTSD in 2000. Since that time, he has been seeing a mental health counselor at the VA in Grand Junction, Colorado on a monthly basis. "I'm seeing a counselor, Kitty Roberts, every month. She's been great to work with, and has really helped me process and deal with a lot of the shit I went through." He continued, "I see her almost every month. A lot of the time, it's just to check in and other times, I really just need someone to vent to and have a place to let off some steam."

For Fred, having this support as he needs it has been instrumental for him in gaining skills for dealing with his anger that has helped him with his vocational success. "Sometimes, having someone to just vent to keeps me from venting to my bosses or customers."

Fred's positive experiences with counseling are mirrored by the experiences that Denise has had. Since her diagnosis with PTSD, she has participated in counseling with the mental health services offered by the VA. Initially, she met with a counselor on a weekly basis, but currently she is working with a counselor on a bi-weekly basis. She states that the counseling she receives has focused on her anger management issues. She stated that "there's a huge difference now. I used to be pissed all the time and had a really short fuse, but now, it's not as bad." When asked about the difference, she stated "I was always ready to go off. But my counselor has made me keep a diary about my anger and

the things that would set me off. Now I realize that most of it is stupid little stuff, and when I process it with my counselor, I can see how stupid it is."

Denise states that her work with her counselor has led her to have better relationships with family and friends as well as co-workers. And while she is not currently working, she states that she feels her ability to control her anger is improving that will help her in future employment opportunities.

While Denise and Fred have had positive experiences with their mental health treatment, the experiences that the other participants have had have not been viewed with the same level of success. Carl's perception of his treatment shows the negative experiences that some veterans experience with the mental health services of the VA. "I tried to get counseling at the VA when I got back to Utah, but I was put on a wait list and waited for about 4 months before I got to see an actual doctor for my PTSD." "When I finally got my appointment, I showed up and it was some intern from Pakistan or India." "I mean, I understand that he's not a terrorist, but when I have PTSD because some Middle Eastern guy is trying to kill me, then I come home and see some Middle Eastern guy for my PTSD, it was just too much." The experience of working with a Middle Eastern psychiatrist was too difficult for Carl, and he became disengaged from the treatment process as a result. He had requested another mental provider for his PTSD, however, to date, he has not become re-engaged with any mental health services.

Otis' experiences with treatment of his PTSD have also been negative. "I was asked to participate in a group therapy program. So when I showed up, it was just a bunch of whining vets all complaining about the stuff they went through. So, when the group was over, I felt worse than when I got there. The last thing I want to do is sit

through an hour of people telling me all the shit they went through. How is that supposed to help me?"

Like Otis, Darrel's experiences with group therapy was a negative experience. "When I showed up to the first group meeting, it was just a bunch of guys bitching about the military. I went to weekly meetings for about a month, but didn't really see the point. I mean, I have a hard enough time dealing with my problems. I don't want to deal with everyone's problems either." "The counselor was nice enough, but there wasn't really any point to it, other than me being able to see that my stuff wasn't as bad as some of the other guys."

While his experience with group therapy was not a positive one, Darrel does continue to participate in individual counseling. When asked about the type of counseling he participates in, Darrel states, "we just talk…therapy I guess. He's taught me a lot of relaxation techniques to help with anxiety."

The inability of various participants to engage in a successful group therapy program was similar to James' experience. "I used to leave the group sessions feeling worse than when I got there. I'd be pissed off about the shit I'd hear, but they wouldn't do anything to bring me back down, so I'd leave ten times worse then when I showed up. I just couldn't do it any more."

Peter participated in an in-patient treatment program through the VA in Sheridan, Wyoming. This was a six-week intensive substance abuse and PTSD treatment program where he participated in individual counseling sessions as well as group counseling sessions. However, upon discharge from his treatment program, Peter had difficulty in

transferring the skills he learned in treatment to his life back home. “It was tough to go from where you had tons of support to back home where no one gives a shit about you.”

Peter also felt disconnected from the VA mental health system after his discharge. “I mean, I’ve tried to get appointments at the VA here in Salt Lake, but got put on a waiting list. After a few months, I’d call to see about the appointment, and they’d have no record of any appointment, so I’d have to start all over again. So, I just gave up. I mean I still have a doctor here who can prescribe me meds if I need them, but no counseling or anything like that.”

While Denise and Fred had positive experiences with their treatment, the majority of the other participants did not have positive experiences. Their experiences with treatment were not perceived as being helpful, and in some cases were perceived making their symptoms worse. The inability to successfully engage in a positive group therapy experience and their experiences in dealing with the VA mental health services has been a hurdle to their ability to effectively manage the symptoms of their PTSD.

Medication

As with counseling, medication is obviously a part of the treatment of PTSD. The experiences that the participants had with the medication portion of their treatment surfaced frequently throughout the interviews. The experiences the veterans had with the medication portion of their treatment varied, however much like the experiences the participants had with counseling, their experiences have been primarily negative with the way they were treated with medications.

One common perception from the participants was that the medications they were prescribed were so strong that they felt as though they were “zombies”. According to several of the participants, this impacted their personal, social and vocational functioning.

Dale’s shared his experiences with the medications he was prescribed for his PTSD. “I forget the name of the medication, but I was on it for like a month. It didn’t really do anything other than make me numb. I mean, I didn’t feel anything. I was just always zoned out, it was like I was stoned or something. I guess it worked, but frankly, I was slow, didn’t care about anything and after a while, your family, your friends and your co-workers start giving you shit about your attitude.” When asked about how he discontinued his medications, he states “I just stopped taking them. I mean, I’d rather figure out how to deal with stuff than just not caring about anything.”

Like Dale, James’ experience was also that of feeling “over medicated”. “I was always just tired when I was taking what they gave me. I couldn’t wake up, I was always missing work, and when I did go, I probably shouldn’t have. Driving truck when you are that out of it isn’t safe.” And like Dale, James simply stopped taking his medications. He states “it was either that or lose my job. I needed to work and with the meds I was on, it was impossible.”

Simply stopping the medication treatment of their PTSD was not unique to James and Dale however. Other participants had similar experiences. The feeling of “being a zombie all the time” as Jason states caused him to simply stop caring about anything. He states that while on medications, he quit jobs, lost jobs, and experienced severe family problems. “I just stopped caring, seriously, I didn’t care about anything. I wasn’t getting angry like I was before, so I guess it worked, but I was always tired. I guess you can’t get

angry if you are always asleep." Jason also stopped taking his medications without consulting his physician.

Peter's experiences also mirror those of the other participants. The "numbness" he described was difficult to deal with, particularly after his military experiences. "It was tough to go from always being on alert, always being on edge when you are in combat, to feeling absolutely nothing. I just couldn't do it." He stopped taking his medications without consulting his physician as well. "I kind of took myself off and didn't really have a way to get up and keep renewing my prescriptions. And the prescribers changed and some counselors recently changed there as well, so even if I wanted to get back on them, it'd be tough now."

Fred's experiences with medications however were more positive. Fred was prescribed medications for sleeping, and he reports that these medications made it possible for him to sleep without experiencing the recurrent nightmares that he had experienced since he returned from Vietnam. "I do take Quitiapin to help me sleep and get me through some nightmares. But I do not take any other drugs. I don't want to take any mood drugs. I've seen too many people walking around like zombies on that stuff."

Darrel and Denise were the only two participants who are currently participating in counseling as well as medication management. As noted previously, Darrel continues to participate in individual counseling, and takes Prozac. When asked about his perception of how his medications help him, he states "I think it takes the edge off. I'm not so quick to explode and it helps me just stay more even without always being ready to rip someone's head off."

Denise also continues to work with a social worker through the VA and continues to maintain a medication regimen. She feels that currently, this mix of counseling and medication is working well for her. “Right now, I’m feeling ok. I still get angry, but not like I used to. And I’m learning some techniques to process my anger and how to avoid those situations. I think the meds help with that too. I’m definitely not as pissed off as I was before.”

While the experiences with counseling and medications that Denise and Darrel have had have been positive, the majority of the experiences of the other participants have been primarily negative. The loss of control that many of the participants have felt while on their medications led them to quit the medication treatment that they were prescribed. While participants like James, Dale, and Jason stated that the effects of their medications impacted their vocational functioning, it is difficult to assess if their decisions to quit taking their medications negatively impacted their vocational functioning as well.

Inpatient Treatment

Another theme that was identified through analysis of the interview was that of inpatient treatment. Several of the participants participated in inpatient treatment for PTSD. For some of these participants, the inpatient treatment was successful in teaching them coping skills and management of their PTSD symptomology to the point that they were able to apply those skills in their vocational settings.

Jason’s experiences with inpatient treatment show the positive impact that inpatient treatment had on his vocational experiences. Upon return from Iraq, while still on active duty, the symptoms of Jason’s PTSD lead to substance abuse and other

behaviors for which he sought treatment. Jason spent 6 weeks in an inpatient setting for his PTSD. During that treatment experience, Jason learned coping techniques for his anger management as well as increased awareness of his limitations and how to avoid triggers that would increase his PTSD symptoms. As a result, Jason began to realize that working in a health care setting where people were frequently in crisis was an area in which he could not work. This realization, while difficult for Jason, led him to explore other vocations rather than continue to work in the medical field. Additionally, Jason realized that with his substance abuse issues, working in a medical field with ready access to medications would have led to further relapses.

The impact of inpatient treatment for Darren was also positive. Upon return from medical rehabilitation, Darren participated in an eight week inpatient PTSD treatment program while still on active duty in the Army. Darren's treatment focused on managing the PTSD symptoms that he was experiencing. Primarily, these symptoms included anger management, sleep disturbances, memory and concentration impairment, recurrent and intrusive thoughts, and hypervigilance.

Darren's experiences were positive and he was taught anger management techniques that have helped him in his relationships with his family and friends. And while he has not worked since his discharge, he feels that the skills he has learned will be life long skills that he will no doubt use with employers. Darren states, "I've learned how to deal with situations that I'm uncomfortable with. I mean, I still get angry and still don't like certain things, but I've learned to deal with them and not jump down someone's throat when I get mad."

Another skill that Darren learned through his inpatient experiences was to improve his memory and concentration impairment. “I learned how to take notes and really rely on those things to keep me on track. I mean, I use my phone now to remind me about everything. It works pretty well as long as I don’t lose my phone!” Darren’s ability to use technology to provide cues to keep him on track and to remember important events and appointments will no doubt help him as he continues through his studies and beyond.

While Darren and Jason’s experiences with the inpatient treatment were positive, Peter’s inpatient treatment experiences did not appear to have a long term positive impact. Peter’s perception of his treatment was that while the treatment was effective while in an inpatient setting, upon discharge from the program, and a return to his typical environment, he reverted to his previous behaviors. “It was tough to go from where you had tons of support, to back home where no one gives a shit about you.” Since his discharge from the inpatient treatment program, Peter has continued to deal with substance abuse issues, anger issues, and has had an unstable work history, bouncing from job to job and continuing to have problems with co-workers and supervisors.

Military Service

Throughout the interview process, all of the participants were eager to discuss their military service and how this service impacted their vocational experiences. Many of the participants enjoyed their military experiences and were it not for being discharged due to their PTSD or other impairments related to their military service, would have stayed in the military through retirement. However, for many, their discharge posed a loss of identity, both personal and vocational. This loss of vocational identity, and the impact

that their military service has had on their vocational functioning are themes that will be explored in this category.

Loss of Identity

One recurrent theme that was observed throughout the interview process was the loss of vocational identity that many of the participants experienced when discharged from the military. This loss of identity appears to be more acute when the discharge from the military is involuntary, such as a medical discharge as a result of their PTSD. For several of the participants, this loss of identity has led to vocational instability since their discharge from the military.

Darrel's experiences highlight this loss of identity and how this has impacted his vocational functioning since his discharge. "I was going to be a lifer…you know, do my 20 and get out. So, when I was kicked out, it was hard to figure out what I was going to do. I mean, I was a Staff Sergeant one day, then the next day, I was just a guy. That was tough to swallow."

Brad shared similar experiences. He had served in the US Marine Corps on active duty and in the Reserves, serving as a combat team leader. The level of responsibility he experienced while in the Marine Corps was one of the things he enjoyed about his military service. "I liked being charge, the feeling of being in control of your situation and helping others complete the mission was the best."

Once he was discharged from the military, due to his disabilities, he relates that he felt as though he didn't know where he fit in. "One day I'm a squad leader, and then I'm just a guy without a job. That was hard to deal with. I went from being able to call in air strikes to not being able to even get a job delivering pizzas."

The loss of identity was also experienced by James. James, like Brad, served in the Marine Corps, and like Brad, James was discharged as a result of his disabilities. James related the following emotions when he was discharged. “In the Corps, you are always reminded that the Corps is your family. It’s pounded into you all the time. And, when you serve, they are your family and you’d die for any of them. Then, when you get discharged, it’s like they don’t want you anymore. I mean, I know I couldn’t stay in, but losing that feeling of family that you had when you are in was really tough.”

For many members of the military, the responsibility they are given at a young age is far greater than their non-military peers. This level of responsibility, and the subsequent loss of this responsibility, is a difficult transition. Otis’ responses during the interview process highlighted this difficulty with the loss of responsibility. “I spent a year doing combat patrols and patching up my guys. In combat, a medic is a pretty serious job, and you have a lot of people counting on you to save lives. I was doing some pretty serious shit, just like an ER doc would be doing. And then when I came back to Utah, and got my old job back, mowing lawns for the county. I just couldn’t see the point. I mean, what’s the motivation?”

Peter’s loss of responsibility also proved to be a difficult transition. “I joined the military when I was 18, and I was Sergeant by 20, so I was in charge of like 7 or so guys and tons of gear, equipment, weapons. It was some pretty serious stuff. Then when I got kicked out, and came home, no one cared what I did or what I was responsible for. And I didn’t want to get a job flipping burgers. I think I had way too much pride to do that.”

Peter also shared that after his military experience, most jobs held little importance for him. “It was hard to work at Home Depot and feel like it wasn’t anything

but a joke. I mean, who cares if the nuts and bolts are in the right bins? There just wasn't any motivation to do anything, nothing seemed as important as what I was doing in the Army."

Fred's experiences were unique among the participants as he served in a different conflict and served in combat on three separate occasions. His longer service in combat zones than the other participants made his loss of identity more acute. Additionally, the sentiments of the American public, as he perceived them, also made his loss of identity all the more difficulty. "When I was in country, I was hard core. I mean, I was always on edge and always in charge. We had a mission to do and we did it well. But it was such a violent place that the normal rules just didn't apply. Then when I'd come home on leave or in a different duty station, I could never really adjust. It was like all the other people around me, just didn't get me. That's why I volunteered to go back. It was the only place I felt that I belonged."

When Fred was discharged, he relates that it took a long time to adjust to not being in the military. "In the military, all the thinking is done for you. You know what uniform to wear, what you have to do, who you have to salute, it's all prescribed. Then when you get out, no one cares. And in the 70's when I got out, and everyone was doing anything that felt good. I just never felt comfortable. I guess that's why I started drinking, just to feel something normal again."

The experiences of these participants highlight their feelings about their loss of identity as it relates to their military experiences. The loss of responsibility, the loss of unity with their fellow service members and the loss of their vocational identities due to their PTSD has been a difficult process.

Positive Attributes From Military Experience

While the loss of identity was a common topic throughout the interview process, many of the participants also wished to discuss the impact that their military service has had on their vocational functioning since their discharge. Without exception, all of the participants shared their positive feelings about their military experiences and how their military experiences had impacted their vocational functioning.

Otis' statements regarding the attributes that his military experience has given him are typical of the other participants' views. "I'm definitely more responsible than some of my co-workers. Like some of them just don't even call in when they don't show up or anything, so…I just got it ingrained that you don't want to go AWOL or have a no-call no-show. So, I'm always….I keep my bosses and employers informed on everything."

Otis relates that his military training has given him a sense of "mission" that many of his co-workers don't have. He states that his supervisors are supportive of his ability to complete tasks, and although he has had problems with controlling his anger with others, his supervisors have been accommodating in giving him assignments where he can work alone and complete tasks alone, thus minimizing conflicts on the job. He attributes this accommodating attitude to his ability to work hard and be task driven.

Likewise, Darrel's military service has also led to similar experiences. Darrel discussed one particular experience he had recently at school. I do have some discipline over other people when I'm asked to do a job, I usually try to get it done right away and get it done right. In fact the other day, I was talking with our newspaper teacher and she was finishing up the weekly student newspaper. I said 'where's everybody else at?'

And she said ‘Oh, I don’t know’ and I was like ‘You’ve got to be kidding me! You’re not even on the newspaper staff in the class, you’re the teacher! You know! Why are you finishing it up?’ And then I explained to her, that if this was the Army, you’d have everyone here until midnight until it was done. I just think that’s a military thing, and you just don’t quit until the job is done.”

While Darrel has had significant vocational instability since his discharge from the military, he does view his military experience as providing positive assets to his vocational functioning.

Brad’s perception of the impact of his military service is also very positive. He feels that the ability to work for a cause greater than himself or a profit for a company has instilled him with a sense of duty and community service that many of his peers did not have. “When you are in the Corps, everything you do is for the Corps. A lot of that transfers with you when you leave. Everything you do is for your organization. That sense of dedication is something that a lot of other people don’t have. It’s something you can’t learn unless you were in the military.”

Many of the participants joined the military while in their late teens. For these participants, they were likely given a much higher level of responsibility than their peers. This responsibility, coupled with the discipline they were taught, the sense of honor and duty they were instilled with while serving in the military has, in the perception of many of the participants, provided them with positive vocational attributes, despite the impact that their PTSD has had on their vocational stability.

Peter’s statements are typical of this view as he discussed the impact that the military had on his positive vocational attributes. “I can do anything I need to do. If it

needs to be done, I'll do it. The military taught me that. You don't quit just because you don't want to do something or because it's hard. That's the kind of stuff that would piss me off, when my co-workers would stop working before the job was done. They'd just punch out and not worry about it. That kind of shit just drives me nuts."

This chapter provided an analysis of the data gathered through the interview process. Through this analysis, themes were identified and categorized to gain a greater insight into the veterans' experiences and their perceptions of these experiences and the impact that this has had on their employment. The following chapter will provide an interpretation of the data gathered explore these findings with respect to the impact on employment.

CHAPTER SIX

DISCUSSION OF FINDINGS

Chapter Five presented an analysis of the data gathered through the interview process. This analysis consisted of exploring the themes identified within the data. This chapter will provide an interpretation of this data with respect to the impact on employment using the initial research questions as a guide. Additionally, these findings are compared to the existing literature. Limitations, implications for future research and recommendations are also explored.

Interpretation of the Data

Given the anticipated rates of PTSD among returning veterans of the Iraq and Afghan conflicts, the interpretation of the themes identified through the data of these eleven veterans provides an interesting study. As veterans continue to return from theaters of combat and exhibit symptoms of PTSD, the experiences of these veterans, and the interpretation of their experiences may provide some insight into methods that may more effectively mitigate the impact of combat-related PTSD among veterans of combat.

High Level of Understanding

Taken as a whole, the themes expressed through the experiences of the participants shows a level of understanding of their limitations that data from previous studies does not show. These studies have typically been surveys given to large groups of participants without personal experiences being shared. Data from this study, however, indicates that individuals with combat-related PTSD may have a high level of understanding about their PTSD, as it relates to the impact that it may have on their employment, than previous studies may have been able to demonstrate.

Each of the participants of this study had experienced employment instability. However, rather than being fired from multiple jobs, typically, the participants were often able to quit their jobs or negotiate their dismissal from employment without being fired as a result of their PTSD symptoms.

While the participants were often times able to avoid being fired from employment opportunities, the fact remains that they have continued to experience employment instability. However, the participants' insight into their symptoms and the impact and potential impact that these symptoms has had on their employment provides a greater level of understanding than previously existed based in previous studies.

As identified in data themes, another area that has been a cause of employment instability is the loss of identity and the loss of ownership in their job tasks. While in the military, members typically understand their role and how their role fits into the organizational structure and mission. However, as described previously, in the civilian workforce this was typically not a common experience for the participants. As a result, the loss of ownership and identity in the work was identified as a source of frustration. This frustration was shared during the interview process by each of the veterans. As a result, the participants of this study were able to demonstrate a strong understanding regarding their military experiences, and the loss of identity they experienced upon discharge as a significant source of their vocational instability. This level of understanding, or cause of employment instability, has not been identified in prior studies of PTSD.

A Communication Training Model

Upon return from combat, military personnel being discharged from the military due to disability related causes are provided with various re-integration training sessions. These are designed to assist returning veterans with re-integrating into the civilian world. These training sessions cover educational benefits, medical benefits, disability benefits, family relations, and employment benefits. However, these training sessions do not train returning veterans on how to communicate the limitations that their PTSD may cause, or how to communicate with their employers about their role in the organization. This type of training may be a valuable tool for returning service members in assisting them to maintain more stable employment experiences.

Through teaching communication skills and methods to returning veterans, these veterans may be better able to discuss their triggers that lead to increased PTSD symptomology. Issues such as supervision, criticism, correction, work environment may be addressed with employers initially, so that they understand the impact that these issues may have on the veteran, and how best to handle these issues to minimize the negative impact on the veteran as well as the workplace.

Additionally, by training veterans to communicate their PTSD symptomology, veterans can be taught how to recognize their own triggers and their own symptoms. Thus by teaching the veteran can benefit by understanding the role that PTSD can play in their employment stability.

Teaching veterans how to communicate with others about their PTSD, an increased understanding about PTSD can also be gained in the workplace. This increased understanding can potentially minimize the stigma that PTSD, particularly among combat

veterans, can carry. With increased understanding by employers, and co-workers, veterans may experience a more supportive work environment.

Discussion

Each of the themes identified in the previous chapter have direct impact on the vocational stability of each of the participants. While every one of the participants may not have experienced each of the issues identified through the themes, these issues are, none-the-less consistent with posing a vocational impairment and causing employment instability for the majority of participants.

Employment Stability

The primary purpose of this study is to answer questions regarding the impact of combat-related PTSD on the employment of veterans of combat. As a result, the impact of combat-related PTSD on employment stability was explored as the primary research question in this study. The results of this study, indicate that employment stability among the participants of this study was greatly impacted.

All of the participants experienced vocational instability. However, while it was anticipated that the instability would be a result of their being fired from various positions, it was more common for the participants to quit their jobs rather than being dismissed. The manner in which they quit their jobs varied. Often times, they would simply not return to work in an attempt to avoid further conflict on the job or to avoid further triggers that the workplace may present.

The ability of the participants to anticipate conflict at the workplace, or triggers to their PTSD, and avoid them by simply not returning to work was surprising. Thus, the vocational instability experienced by the participants was typically a result of conflict

avoidance. While the result, which was that of experiencing vocational instability, may be the same, the cause of this instability was not anticipated.

The existing literature, which indicates the existence of vocational instability, does not discuss the causes of the instability regarding whether the veterans were fired on the job, or if they quit the job in order to avoid further conflict or triggers to the PTSD. Thus the personal experiences of the participants has been valuable in revealing the nature of their vocational instability.

Regarding vocational instability, there are many studies that indicate that individuals with combat-related PTSD experience vocational instability. This includes studies, from Barrett et al. (1996), Frueh et al. (1997), Magruder et al. (2004), Prigerson et al. (2001), Smith et al. (2005), in which all explore the relationship between vocational instability and combat-related PTSD.

The findings of this study support the findings from these previous studies that indicate that combat-related PTSD leads to vocational instability. While this data cannot be generalized to include each person with combat-related PTSD, the data is valuable as it explores the individual experiences of the participants.

Additionally, findings from this study support the information from previous studies in which issues of anger management are explored. In studies from Creamer et al., (1999), Frueh et al., (1997), Hoge et al., (2004), Magruder et al., (2004), and Prigerson et al., (2001), there is a distinct correlation between issues of anger management and the existence of combat-related PTSD. The participants of this study each showed issues with anger management that resulted in impaired relationships, with co-workers, supervisors, as well as personal relationships with spouses and family members.

These anger issues accounted for much of the vocational instability that the participants experienced. While they may not have been fired for their angry outbursts, they realized that that their anger issues were causing vocational problems, and many of the participants simply quit their jobs before their anger issues would have resulted in being dismissed from their employment.

Participant's Perceptions

The participant's perceptions of the impact of their PTSD on their employment was also explored through this study. How the veterans perceive their PTSD as impacting their employment is an important issue, as their ability to understand their PTSD and understand the impact that it has on their personal and vocational functioning is important to vocational stability.

Through the experiences shared in the interviewing process, many of the participants understood the impact of PTSD on their employment. This was evidenced by the participants avoiding triggers on the job, and quitting jobs in which triggers to their PTSD were present and could not be avoided.

The insight that the participants provided regarding their PTSD was surprising. In addition to understanding the specific triggers to their PTSD, they were also able to share their feelings regarding what they wished others, such as co-workers and supervisors, knew about PTSD to better help them understand their triggers to avoid conflict and workplace issues.

Some of this insight was gained through counseling and other treatment they may have received through their experiences with the VA, however, much of it was gained

through personal experiences. These personal experiences served as learning experiences that the participants were able to use to avoid similar situations in other settings.

These issues of the perception of the impact of PTSD on employment are not present in the literature. This is likely accounted for in the lack of qualitative studies in the existing body of research. With more qualitative studies in this field, it is hoped that more research on the perceived impact of PTSD will be explored.

Interpersonal Relationships

Another research question posed in this study was to explore the impact of combat-related PTSD on interpersonal relations in a vocational setting. Understanding how PTSD impacts interpersonal relationships in a vocational setting can provide insight into the positive and negative effects that these relationships may have.

Many of the participants experienced poor relationships with supervisors. Close supervision and correction from supervisors appeared to be a trigger leading to conflict and vocational instability. Several of the participants shared experiences where they received criticism from their supervisors that led to episodes of explosive anger and near violent conflict between the veterans and their supervisors.

One unanticipated finding in this area was that of a disengagement from work activities. Several of the participants discussed not being engaged in their work activities as they felt that it didn't have any impact on the "big picture". They felt that having worked in the military where every decision could be a life and death decision, the work activities in the civilian world just didn't matter. As a result, when they were closely supervised, or corrected by supervisors or co-workers, they would become angry due to the lack of meaning they took from their work activities.

These findings are supported by the existing literature that show that veterans with combat-related PTSD have impaired relationships both in personal relationships as well as vocationally. And with many of the issues surrounding individuals with combat-related PTSD, anger control appears to also be a cause of the impaired relationships in vocational settings. (Creamer et al., 1999; Frueh et al., 1997; Hoge et al., 2004; Magruder et al., 2004; Prigerson et al., 2001.) The findings of this study however, show the nature of these impaired relationships and how the PTSD can be addressed before triggers or symptoms become problematic.

Treatment

The final research question explored through this study was the perception that the participants had regarding the treatment of their PTSD through the Department of Veterans Affairs and how that treatment assisted them in maintaining employment stability. While an assessment of the effectiveness of the treatment the participants have received for their PTSD, insight can be gained into the perceptions that they have regarding the impact of their treatment on their functioning.

The experiences of the participants in treatment programs varied greatly. These experiences ranged from inpatient treatment programs at VA medical facilities, to meeting with VA social workers, to having treatment contracted to private counselors for the participants who lived in more rural areas. As a result, the treatment experiences of the participants also varied, as well as the perceived results of these treatment experiences.

While some of the participants felt that the treatment they received was helpful, particularly in assisting the participants in managing their anger and identifying ways to

deal with triggers, which, in the past would have caused conflict and episodes of explosive anger. Other participants however, were less positive about their treatment experiences and felt that the long waiting lists to be scheduled to be seen by mental health professionals made it difficult to maintain a continuity of treatment. These long waiting periods frustrated several of the participants and caused them to withdraw from treatment completely.

One area of particular dissatisfaction was that of the medications that they were prescribed. Several of the veterans expressed their dissatisfaction with the medication treatment with which they were provided. They felt that the medications actually impacted their vocational functioning adversely as it caused extreme fatigue, leading to a negative vocational impact.

While all of the participants of this study have pursued treatment at some point, for many of the participants of this study, initiating treatment was a difficult decision. Recent literature discusses the hesitation of returning veterans with combat-related PTSD to seek treatment (Friedman, 2004; Hoge et al., 2004.) and is consistent with the experiences of the veterans who participated in this study.

Much of the existing literature, however, discusses the success rate of veterans who participated in different treatment programs through the Department of Veterans Affairs. The treatment programs typically discussed in the literature were Compensated Work Therapy treatment programs, in which the participants worked at a facility owned by the VA, and received compensation for the work they performed as they received treatment in an in-patient setting. None of the participants of this study have participated

in this type of treatment, and as a result, it is difficult to determine if the findings of this study are supported by the literature.

Implications for Practitioners

As a result of the data gathered in this study, there are several implications for practitioners. Primary among these is the need for practitioners to better assess the treatment, and how that treatment is being perceived by the veterans whom they are serving. Several of the participants discussed the negative experiences they have had with group therapy. While these negative experiences may be attributed to a variety of issues, it was apparent that the veterans did not feel engaged in the group dynamic and did not feel invested in a therapeutic goal.

For practitioners, the need to establish an atmosphere in which the group feels secure and invested is imperative. Much like a military unit where camaraderie is essential, an atmosphere of trust and security in group therapy is key. Once this atmosphere is established, the pursuit of therapeutic goals can be accomplished.

In addition to establishing an atmosphere of security and trust, the need to establish therapeutic goals is also important. For the participants of this study, group therapy was often viewed as "a bunch of guys bitching about their problems" with no end in sight. This perceived lack of therapeutic goals, for the participants, was a "deal breaker" and led to several of them simply dropping out of the group process. Thus, this potentially valuable treatment modality was not effectively used.

Another implication for practitioners is that of teaching veterans how to communicate effectively about their employment rights and their disclosure responsibilities with respect to their disabilities. By providing individuals with tools

necessary to communicate effectively about their disabilities, triggers, and their rights under the Americans With Disabilities Act, the employment instability that veterans with PTSD experience may be minimized. Working with veterans and with employers in a proactive manner with respect to PTSD may likely lead to increased employment stability and reduced conflict between veterans and their employers.

Limitations

This research provides insight into the employment, interpersonal, and treatment experiences of the eleven veterans who agreed to participate in this study. However, with all quantitative research, there are limitations to this study and the results that have been identified.

With any quantitative study, a particular limitation is the amount of information that can be gathered through the interviewing process. This study included interviews of the participants that typically lasted between 60 to 90 minutes with follow-up phone calls to review the participants' responses. While these interviews produced a great deal of information regarding the research questions as well as other information that was beneficial to this study, additional interviews likely would have produced even more data that would have been useful for the purposes of this study. Due to time restrictions and not wishing to inconvenience the participants, or worse, cause them to experience additional reliving of their combat experiences, additional interviews were not conducted.

Another limitation of this study is the use of the interviewing process as the only data source. While the data gathered from these interviews, was valuable in understanding the impact the combat-related PTSD has had on the participants' vocational experiences, additional information such as medical records, treatment records

and service records would have been valuable sources of information to help triangulate the data that was gathered. However, due to the primary researcher's employment with the VA, obtaining or reviewing the medical and treatment records may have caused a conflict of interest for the researcher, and may have proved a violation of the participant's privacy. As a result, these records were not obtained, reviewed, nor requested in order to avoid any appearance of impropriety.

Finally, the most obvious limitation is that this data cannot be generalized over wider populations. The experiences of each of these veterans is unique to each of them and cannot be assumed that all other combat veterans are experiencing similar issues. While many veterans of combat experience PTSD, or PTSD related symptoms, the impact on vocational functioning is different for each individual and vocational instability cannot be assumed for each combat veteran.

Suggestions for Further Research

While this study has provided insight into the impact that combat-related PTSD has had on veterans of combat, further research into the effects of combat-related PTSD on various aspects of personal functioning may be helpful to understand the nature and course of combat-related PTSD over an extended period of time. With this in mind, the further use of qualitative research may be essential in these studies.

In the literature review, conducted at the outset of this study, a lack of qualitative data in the field of PTSD research was identified. This shortage of qualitative research impedes the researcher's knowledge of the individual impact that this condition can impose. As a result, additional qualitative studies exploring the impact of combat-related PTSD on individuals is an area that warrants further research.

One area, in particular, that may be an area of further research, is that of longitudinal qualitative studies. While this particular study was designed to capture the participants' current insights and perspectives as to the impact of their PTSD on their vocational functioning, additional studies could be designed to gauge participants' insights and perspectives as to the impact of their PTSD on their vocational functioning immediately upon diagnosis of PTSD, and at periodic increments in the future to understand the changing nature of PTSD. With more and more veterans returning with the diagnosis of PTSD, the opportunity to conduct these longitudinal qualitative studies may be readily available.

Additionally, while this study focused on the vocational impact, the participants all wished to share the impact that their PTSD has had on their interpersonal relationships. These relationships range from spouses and significant others, to co-workers, supervisors, and friends. Each of the participants discussed the impact that their PTSD has had on their relationships, and to this end, further research exploring the impact of PTSD on these relationships would be a valuable asset to the body of existing data that could assist researchers in understanding the impact that combat-related PTSD has on the individual.

Based on the treatment experiences of the participants, particularly the negative experiences that several of the participants shared regarding their group therapy participation, the effectiveness of the group therapy experience needs to be pursued through further research. The group therapy experiences shared by the participants indicated that the participants were not fully engaged in the group dynamic and did not understand the role of the group in their treatment. Future research could focus both on

outcomes of group therapy in the treatment of PTSD as well as the perceptions of the veteran as to the effectiveness of group therapy in managing their PTSD symptoms.

Recommendations

It is recommended that these findings be used to evaluate the treatment experiences of veterans who are receiving treatment for PTSD. For several of the participants, their treatment experiences were fraught with lengthy waits for appointment times, and treatment that often included only medication, which often times impacted the participant's vocational functioning for the worse. If the individual experiences of veterans can be examined to explore better ways of providing meaningful treatment, future participants of PTSD treatment may be served more effectively.

An additional recommendation that could be explored, based on the participants' experiences is training individuals with PTSD on how to better explain their condition and their triggers. Several of the participants expressed their views on what they wished others knew about PTSD. If individuals with PTSD can better explain PTSD and their triggers to their employers or other individuals they may interact with, conflict and triggers may be avoided, leading to improved vocational and interpersonal relationships.

While these recommendations may help individuals with PTSD in the future, the need for further research, particularly qualitative research, is essential. Understanding the experiences of the individual may help direct treatment options, and future research leading to a fuller body of data to help both individuals with PTSD as well as researchers in understanding PTSD and the impact that this condition has on vocational functioning.

Attention Veterans Who Have Been Diagnosed with PTSD

A research study is underway to examine the impact of combat-related PTSD on employment. Through participation in a 60 minute interview, it is hoped that we can understand the impact of PTSD on employment and how better to assist veterans with PTSD obtaining and maintaining employment.

Participation is voluntary and confidential
Interested veterans should contact Michael Foster at

801-793-0203
or
mikefoster@mail.utexas.edu

* This study is not sponsored by the U.S. Department of Veterans Affairs, however results may be shared with the VA.

APPENDIX B – INFORMED CONSENT

Informed Consent to Participate in Research

The University of Texas at Austin

Title: The Impact of Combat-Related PTSD on Employment

Conducted By: Michael Foster, Doctoral Student, Department of Special Education, University of Texas at Austin. 801-793-0203
mikefoster@mail.utexas.edu

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your decision to participate is entirely voluntary and will not affect your current or future relationships with The University of Texas at Austin. If you agree to participate, you may discontinue your participation at any time. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

The purpose of this study is to evaluate the impact of combat-related PTSD on employment. Through this evaluation, areas of improvement can be identified to assist veterans with combat-related PTSD in obtaining and maintaining employment.

If you agree to be in this study, we will ask you to do the following things:

- Participate in an interview consisting that will last approximately one hour.
- The interview will be open-ended and will ask about employment experiences after your military experiences and how your military experiences have impacted your employment experiences.
- The interview can be conducted at your home, by telephone, or in a neutral setting, depending on your preferences.
- The interview will be audio-recorded.

Total estimated time to participate in study is 1 hour. Participants will choose the day(s) and times(s) of the interviews. Participants will be given at least twenty-four hours notice prior to a researcher's arrival at their homes or other non-public places where they will be interviewed. Researchers will not show up unannounced.

Risks of being in the study

- At this time, we are not aware of any risks associated with participating in the study. At most, you may feel uncomfortable answering some of the interview questions. However, if you feel uncomfortable at any point, simply communicate

this to the interviewer. You are not required or obligated to answer every question. You may also terminate the interview at any time.

- This interview may involve risks that are currently unforeseeable. If you wish to discuss the information above or any other risks you may experience, you may ask questions now or call the Principal Investigator listed on the front page of this form.

Benefits of being in the study

- This research may not have any direct benefits to you. However, the results of this research will provide information that can improve the employment services veteran's with combat-related PTSD in the future. Having information about your employment experiences since your combat experience can provide valuable information for continued improvement of the employment services to veterans with combat-related PTSD.

Confidentiality and Privacy Protections:

- The digital recordings from the interviews will be coded so that no personally identifying information is visible on them. The digital files will be kept in a locked filing cabinet in the Principle Investigator's office. The digital files will only be played for research purposes by the investigator and his or her associates; and they will be erased after they are transcribed or coded.
- Your name will not be associated with any of the information collected during the interview, instead your name will be assigned a number that will identify your data. The data from the interview will be kept in a locked filing cabinet in Michael Foster's home office.
- The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.
- The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin, members of the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.
- If the researcher should observe child or elder abuse, confidentiality will be broken. State law requires the reporting of abuse to relevant agencies such as Child Protective Services and/or the Texas Department of Family and Protective Services.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation call the researcher conducting the study. Their name, phone number, and e-mail address is located at the top of this page. If you have questions about your rights as a research participant, complaints,

concerns, or questions about the research please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support and Compliance at (512) 471-8871 or email: orsc@uts.cc.utexas.edu.

You will be given a copy of this information to keep for your records.

Statement of Consent:

Your signature below indicates that you have read the material above and have agreed to participate in this study:

Signature:_____ Date: _____

_____ Date: _____
Signature of Person Obtaining Consent

Signature of Investigator:_____ Date: _____

APPENDIX C – INTERVIEW GUIDE

1: Tell me about your background, including family information.

2: Tell me about your work history before you entered the military.

3: How long did you serve in the military?

4: Where did you serve?

5: What did you do in the military (military occupation)?

6: How long have you been out of the military?

7: Are you in treatment for PTSD currently? If so, what are you doing?

8: Tell me about your work history since your discharge.

9: Tell me about your relationship with your co-workers/supervisors.

10: How do you think your military experiences have impacted your job performance?

11: How do you think your PTSD impacts your job performance?

12: If you are in treatment, how does this treatment help you on the job?

13: What do you wish your employers knew about your PTSD?

APPENDIX D – PARTICIPANT THANK YOU LETTER

Date:

Participants Name
Participants Address

Dear

I want to thank you for taking the time to participate in the study of the impact of combat-related PTSD on employment. I appreciated your thoroughness, as well as your willingness to share your experiences.

Your participation in this study will help in gaining a better understanding of combat-related PTSD and how it can impact employment.

Your service to this country is appreciated, as is your willingness to participate in this study that will have a positive impact on other veterans who experience similar phenomena.

Thank you,

Michael B. Foster, M.S., C.R.C.

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